

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Margaret Elizabeth Albaugh

No 60
CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Westminster

Carroll

Date
of death

Month

Day

Years

Months

Days

1906 Sept

11

-

6

24

Sex
Female

Color or
Race

white

Birth-
place

Maryland

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Single

Father's
Name

Grafton J Albaugh

Father's
Birthplace

Maryland

Mother's
Maiden Name

Winnie Stuller

Mother's
Birthplace

Name of person giving
Information

Grafton J Albaugh

How related
to deceased

Father

CAUSES OF DEATH

Primary

Enter. Colitis

How long

6 days

Immediate

Convulsions

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

105

Chas R. Frith

Westminster
Md.

Accident or Suicide?





Name in Full

Certificate of Death

Henry Berwager

Town

County

Died at Manchester Fish. Carroll

MARYLAND

	Month	Day	Y.	M.	D.	Native of	Occupation
Date	1906	Sept 22	Age	50.	5.	1	As. Farmer
Male	White	Married				Widow	Divorced
Female	Colored	Single				Widower	Number of children living

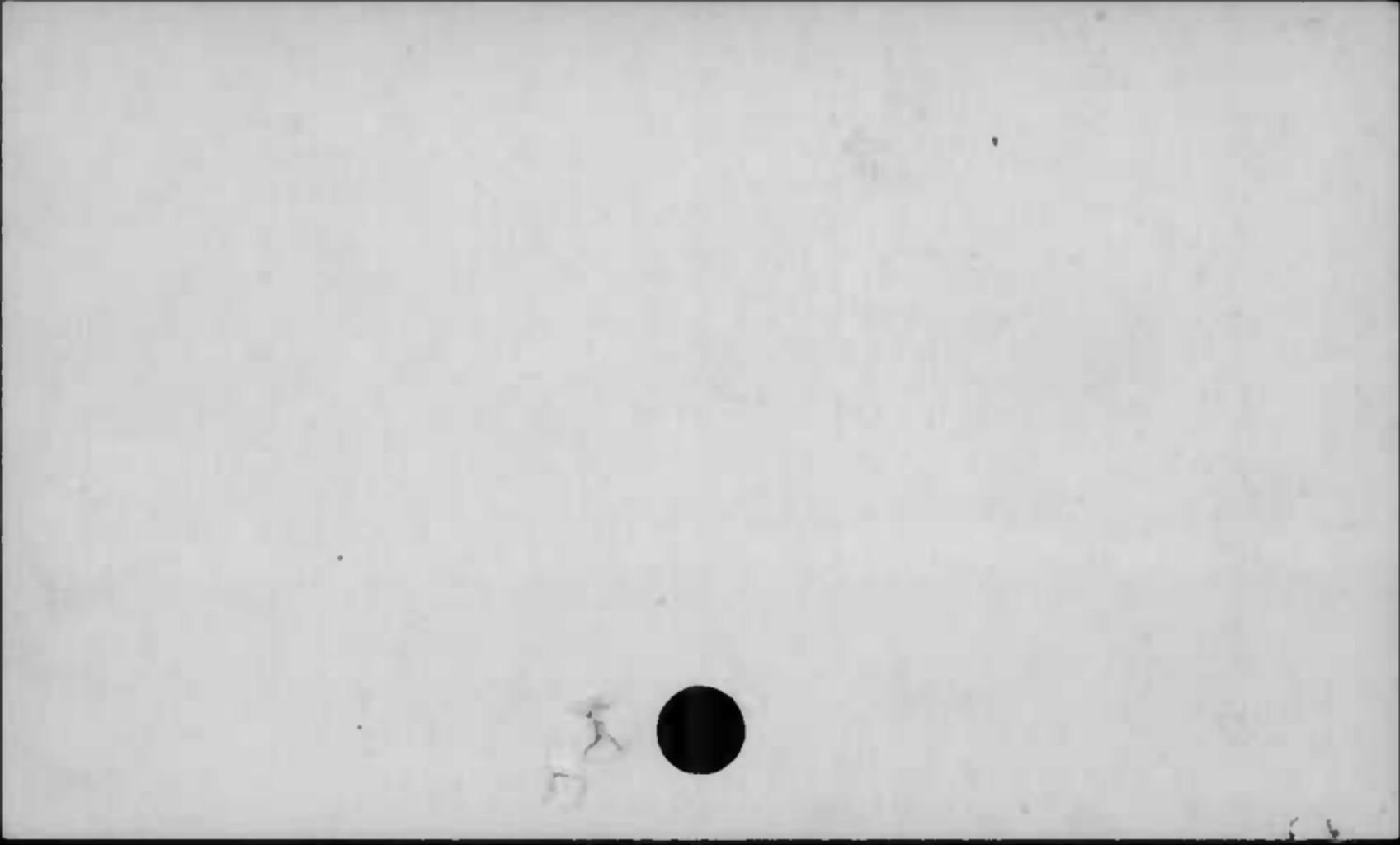
Husband of Emma Berwager
 Wife of Father's Name Godfrey Berwager Mother's Name Christaine Berwager
 Cause of Death Primary Obstruction of bile ducts How long sick 18 month
 Death Immediate Cirrhosis of liver Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU - 78708



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Bicker
Westminster

Town
Died at
Date of death 1906 Month Sept Day 23 Age 78 Years 78 Months 3 Days 5
Sex Male Color or Race white Birthplace Germany
Occupation Stone Mason Where Residing if not at place of death _____
Married, Single or Widowed Married Name of Wife or Husband Elizabeth Haire
Father's Name John Bicker Father's Birthplace Germany
Mother's Maiden Name don't know Mother's Birthplace
Name of person giving information Elizabeth Bicker How related to deceased Wife

CAUSES OF DEATH

Primary Paralysis How long 8 days
How long

Immediate Heart Failure (6) How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Thos. J. Bonan M.D.

Address

W. Westminster

1

Accident or Suicide?

70
CERTIFICATE OF DEATH
MARYLAND

Dear Park

Name
in
Full

Lydia Partzer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
4	9	30	76		
Sex	Female	Color or Race	white	Birth-place	Ireland
Married Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		
Mrs Jennie Huston day thi					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Affection of Brain

How long

1 year

Immediate

(65)

How long

Are the name, age, sex, color, date
and place correctly given above?

yes.

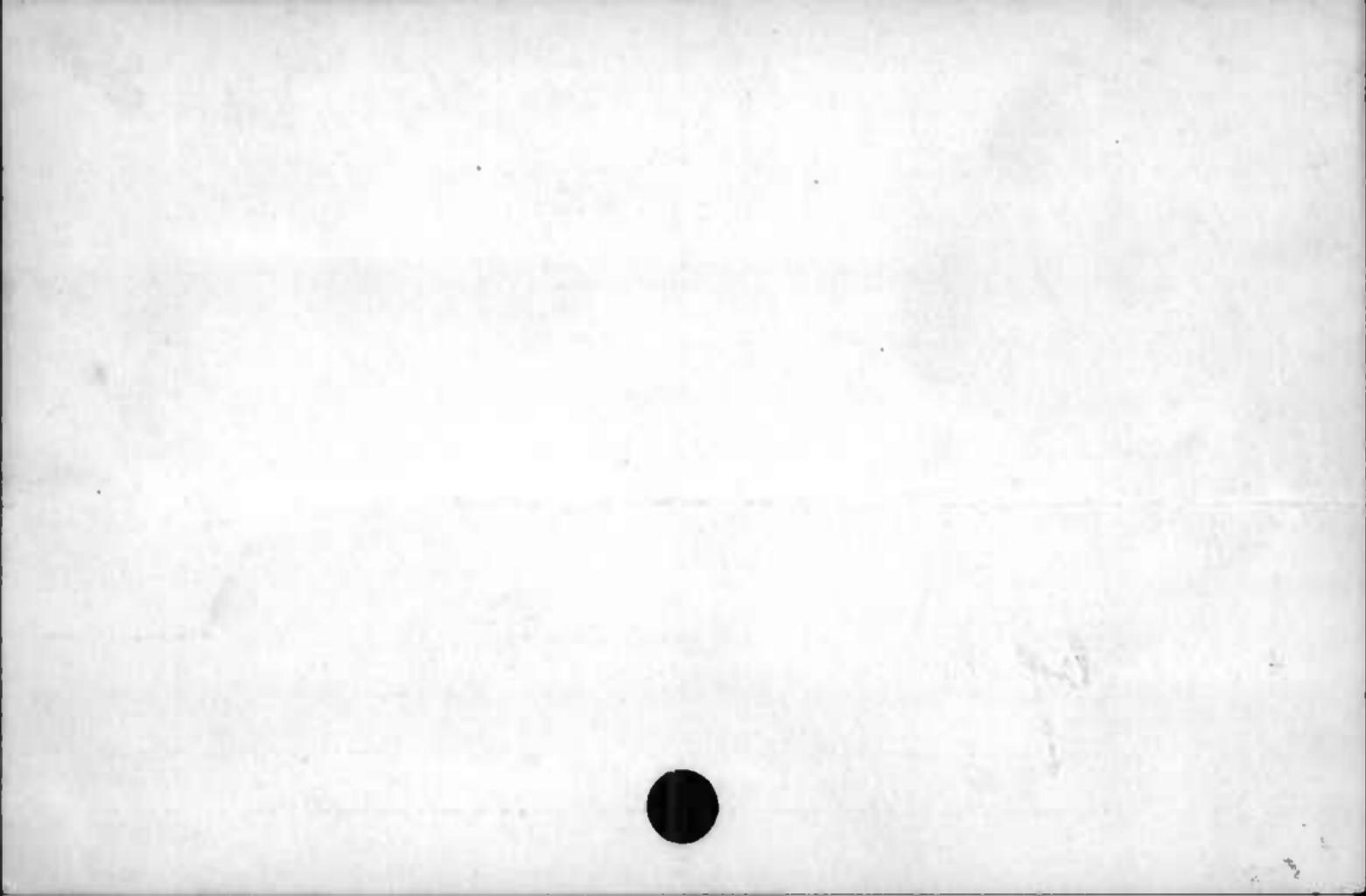
Signature of
Physician

Address

Jacob Wilson
Towlesburg
Md

Accident or Suicide?





Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Emma Kate Bond.

CERTIFICATE OF DEATH

Died et Date of death 1906	Town Month Sept.	County Day 19 th	Years Age 30	Months —	Days —
Sex Female	Color or Race White	Birth-place Maryland			
Occupation None	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name —	Father's Birthplace —				
Mother's Maiden Name —	Mother's Birthplace —				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

Primary

Melan choligo

How long

11 mos.

Immediate

Inanition from Chronic Colitis

How long

3 mos.

Are the name, age, sex, color, date and place correctly given above?

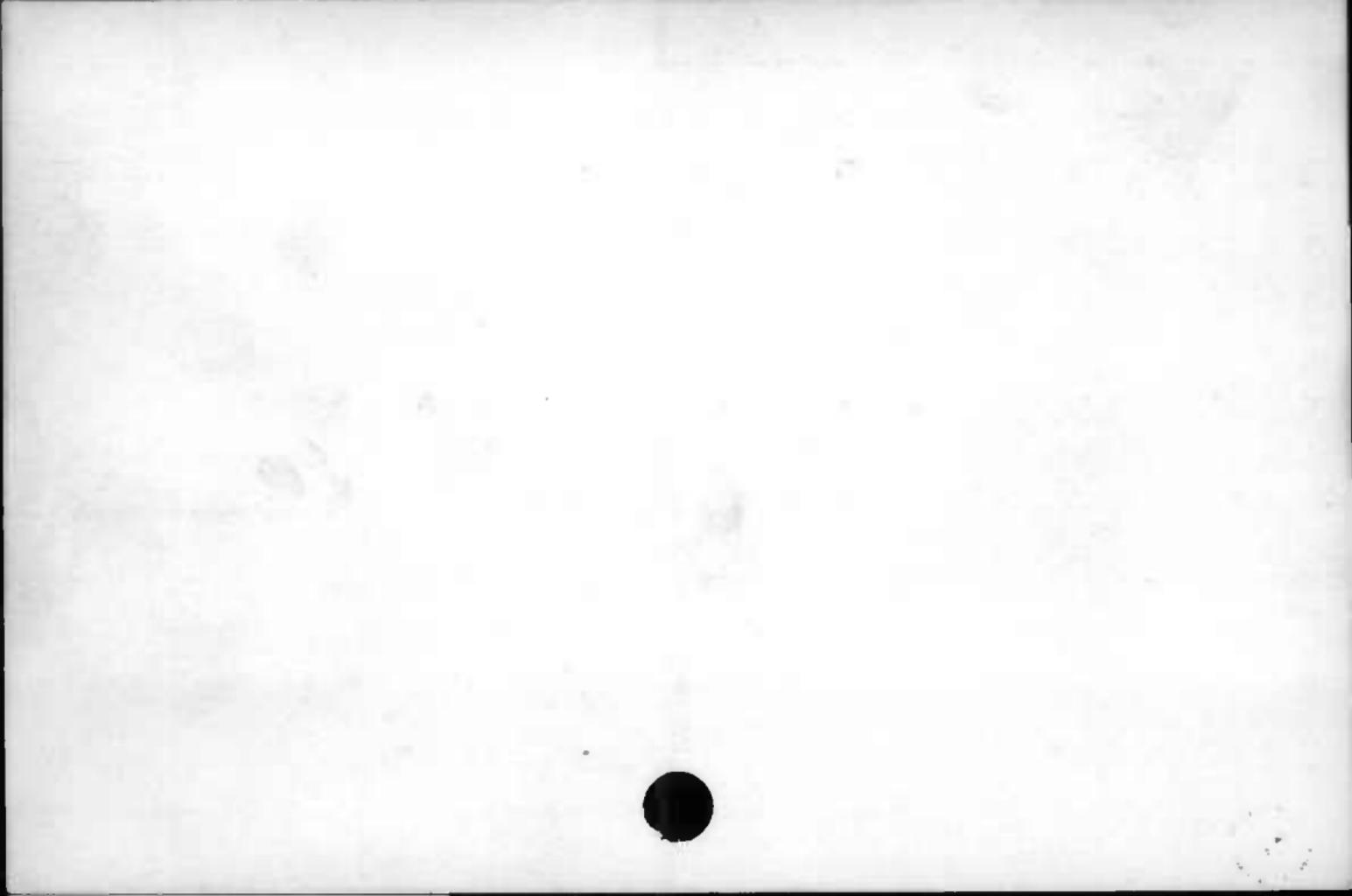
yes.

Signature of Physician

Address

John W. Morris
Sykesville
Springfield State Hosp. Md.

Accident or Suicide?



Name

In
FullInfant
Reese

Burk

No 71

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	
Date of death	Month	Years	Months
1906	Sept	26	Age
Sex	Male	Color or Race	Where Residing if not at place of death
Occupation			Maryland
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Birthplace
		J. Warren Burk	Md
Mother's Maiden Name	Cassie M. Herrubiss	Mother's Birthplace	"
Name of person giving information	J. Warren Burk	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pre-mature 6 months

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. W. Gossard, M.D.
W. H. Wilson

Accident or Suicide?

Pleasant Grove
Sandyville

Name in Full

Certificate of Death

148

Joseph Lawrence Clark
 Town County
 Union Bridge Carroll

MARYLAND

Died at

1906

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

9 30

Age 15

Md

Teacher

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Richard Clark

Mother's

Name

Caroline Zoup

Cause of

Primary

Meningitis

How long sick

Death

Immediate

Thrombosis,

4 days

Accident, Suicide, Homicide

Reported by

W. Hubbin Brown

Address

Union Bridge

1 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY-BUREAU, 79708

not Juy.

Name
in
Full

Jeremiah Cross

No 68
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Westminster</i>	County <i>Carroll</i>	MARYLAND		
Date of death	Month <i>Sept</i>	Day <i>19</i>	Years <i>34</i>	Months <i>9</i>	Days <i>3</i>
Sex	<i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Carroll Co., Md</i>		
Occupation	<i>Laborer</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>single</i>	Name of Wife or Husband —			
Father's Name	<i>Alfred</i>	Father's Birthplace —			
Mother's Maiden Name	..	Mother's Birthplace			
Name of person giving information	<i>Luther Cross</i>	How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

6 mos

Immediate

Exhaustion

How long

1 days.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

*Chas. R. Southard
Westminster
Md*

Accident or Suicide?

Weston Chapel Cemetery
Stover.

Name
in
Full

Sarah Anne Dashiel
Died at Eureka, Ca

CERTIFICATE OF DEATH

Died at		Town <u>Eggersville</u>	County <u>Carroll</u>		MARYLAND	
Date of death	Month <u>1906</u>	Day <u>9⁴</u>	Age <u>30</u>	Years <u>83</u>	Months	Days
Sex	Female	Color or Race <u>White -</u>			Birth-place <u>Md.</u>	
Occupation	<u>None</u>	Where Residing If not at place of death				
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband				
Father's Name	<u>Unknown</u>				Father's Birthplace <u>Unknown</u>	
Mother's Maiden Name	<u>?</u>				Mother's Birthplace <u>?</u>	
Name of person giving Information	<u>?</u>	<u>4</u>			How related to deceased <u>?</u>	<u>4</u>

CAUSES OF DEATH

Primary

Senile Dementia

How long

over

Immediate

Colitis

How long

Are the name, age, sex, color, date
and place correctly given above?

342

**Signature
Physician**

Signature of Physician *John Norfolk Morris M.D.*
Address

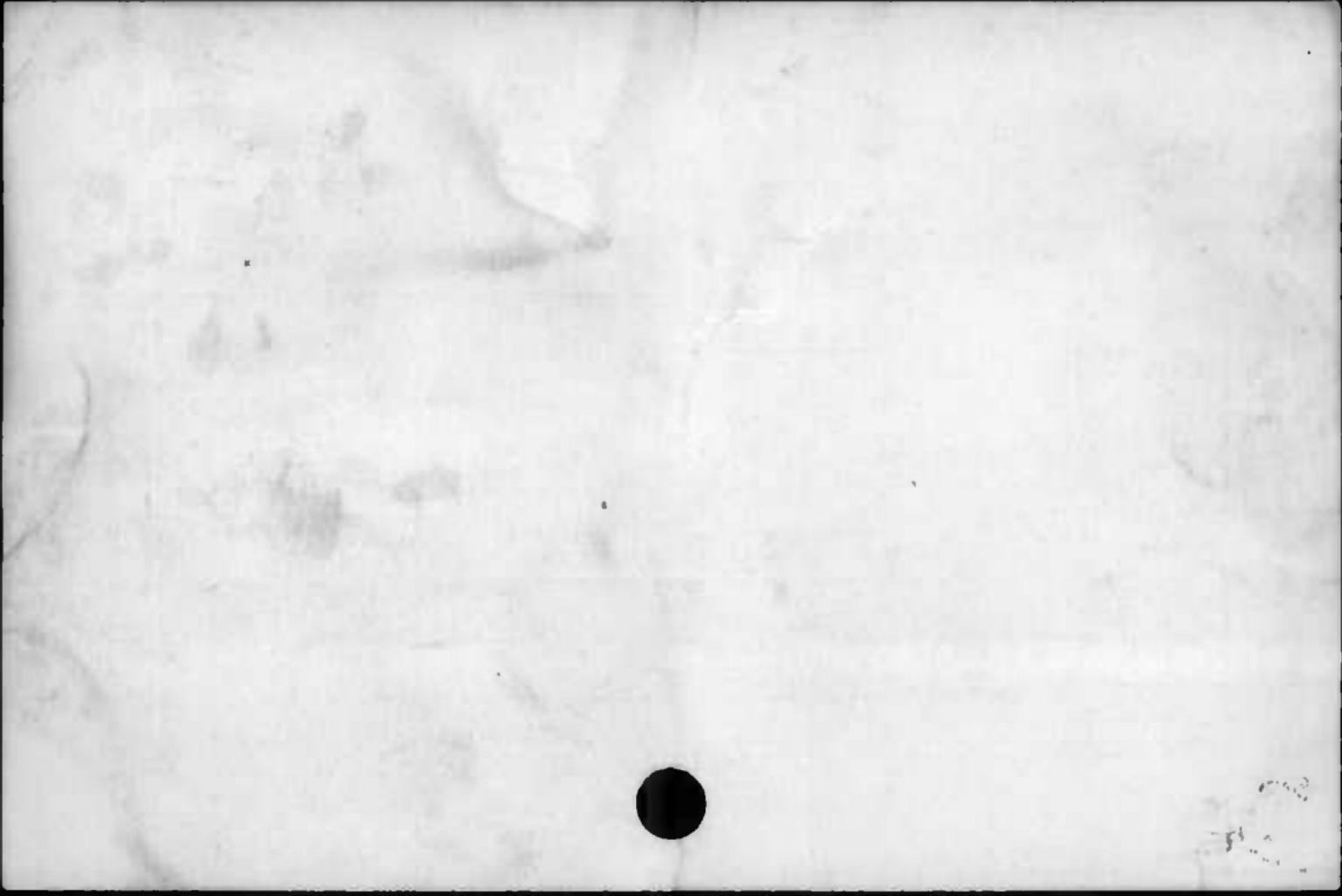
Address

Springfield Hospital

Sykesville Carroll Co. md

Accident or Suicide?





Name in Full

Certificate of Death

Hannah E Eckord

Town

County

MARYLAND

Died at

Union Bridge Carroll

Month Day

Y.

M. D.

Native of

Occupation

Date 1905

Sept. 29

Age

24

2nd

-Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
NameMother's
Name

Cause of

Primary

Failure heart to close

How long sick

since born

Death

Immediate

Accident, Suicide, Homicide

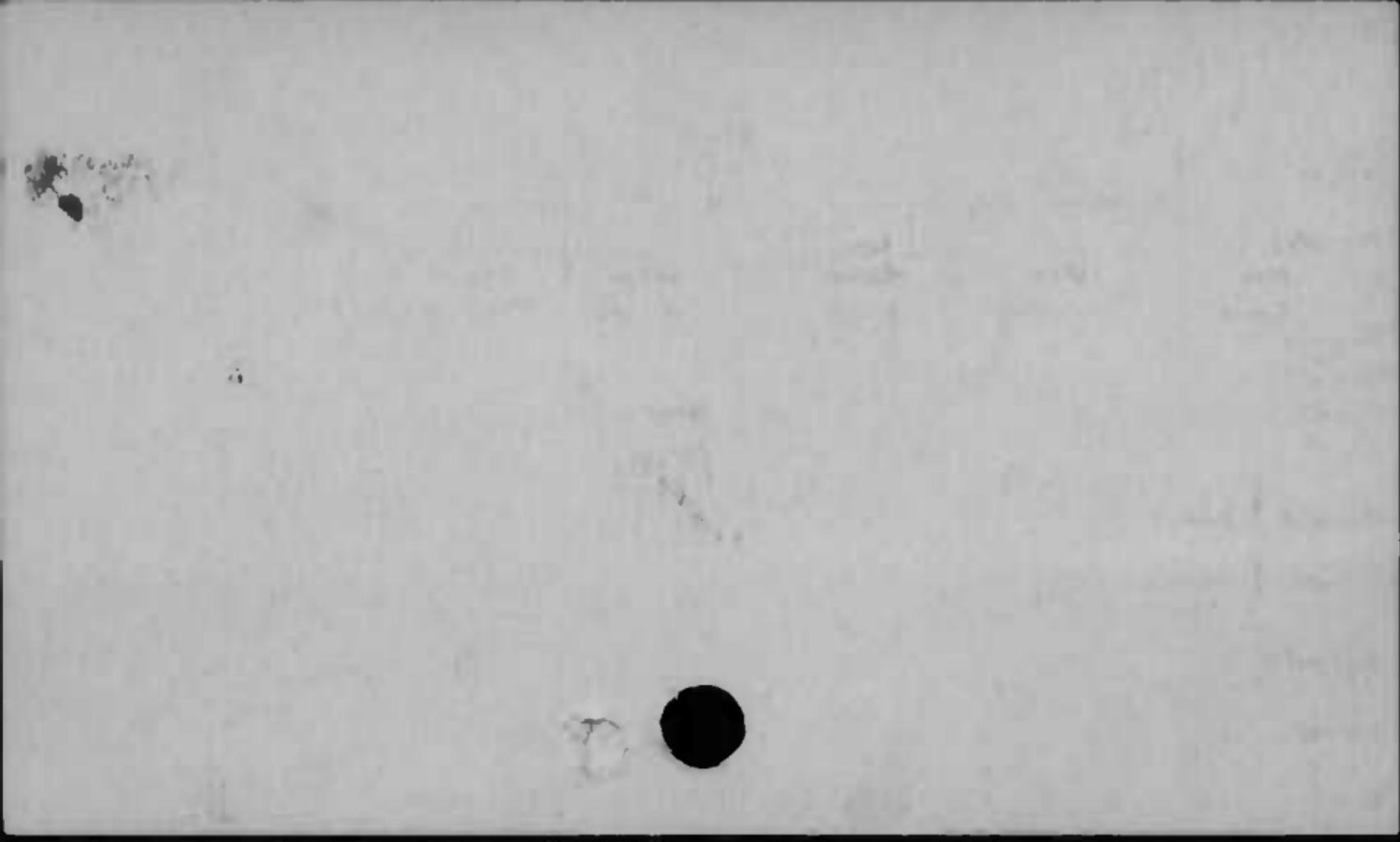
Reported by

Dr. D. E. Diff

Address

Union Bridge, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

In
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>Joseph Englar</i>		CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND	
Died at	<i>Briewood</i>	<i>Baltimore</i>			
Date of death	Month	Day	Years	Months	Days
1906	Sept	9th	Age	2	19
Sex	Male	Color or Race	White	Birth-place	<i>Briewood Md</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>John Addison Englar</i>	Father's Birthplace			
Mother's Maiden Name	<i>Alma Alverda Mycos</i>	Mother's Birthplace			
Name of person giving information	<i>John A. Englar</i>	How related to deceased			
		<i>Briewood Md</i>			
		<i>New Wunder</i>			
		<i>Father</i>			

CAUSES OF DEATH

Primary

Malnutrition

151

How long

2 months

Immediate

Exhaustion -

How long

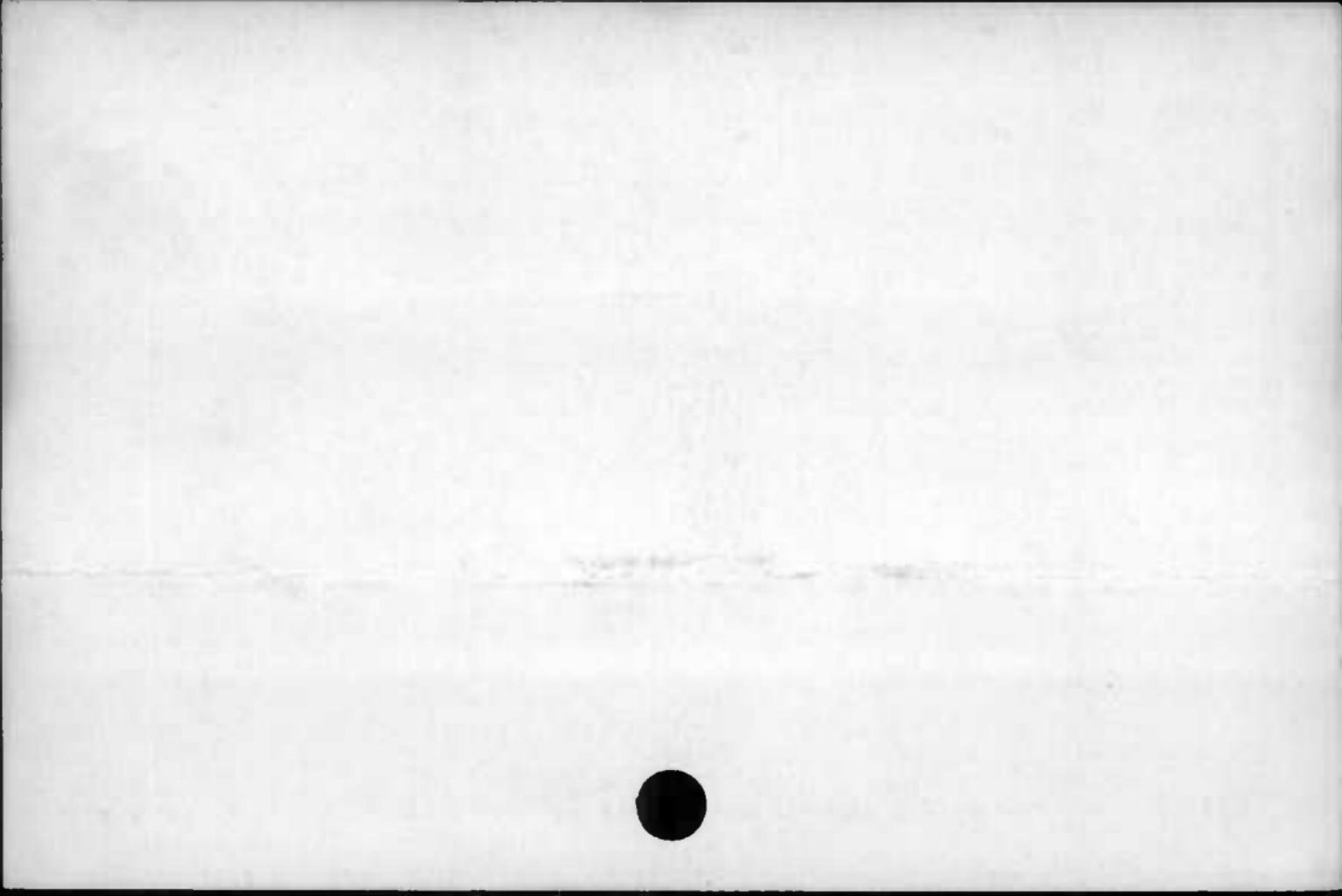
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Geo H V Brown
New Wunder
Carroll C. Englar

Accident or Suicide?



Name
in
Full

Otto Fleming

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town, <i>Mt. airy</i>	County	Carroll
Date of death	Month <i>Sept.</i>	Day <i>30</i>	Years <i>85</i>
Sex	Male	Color or Race	White American
Occupation	<i>Retired Farmer</i>		
Married, Single or Widowed	Where Residing if not at place of death		
Father's Name	<i>John Fleming</i>		
Mother's Maiden Name	<i>Nancy Mollsworth</i>		
Name of person giving Information	<i>Amanda Fleming</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

2 yrs

Immediate

How long

-

Are the name, age, sex, color, date
and place correctly given above?

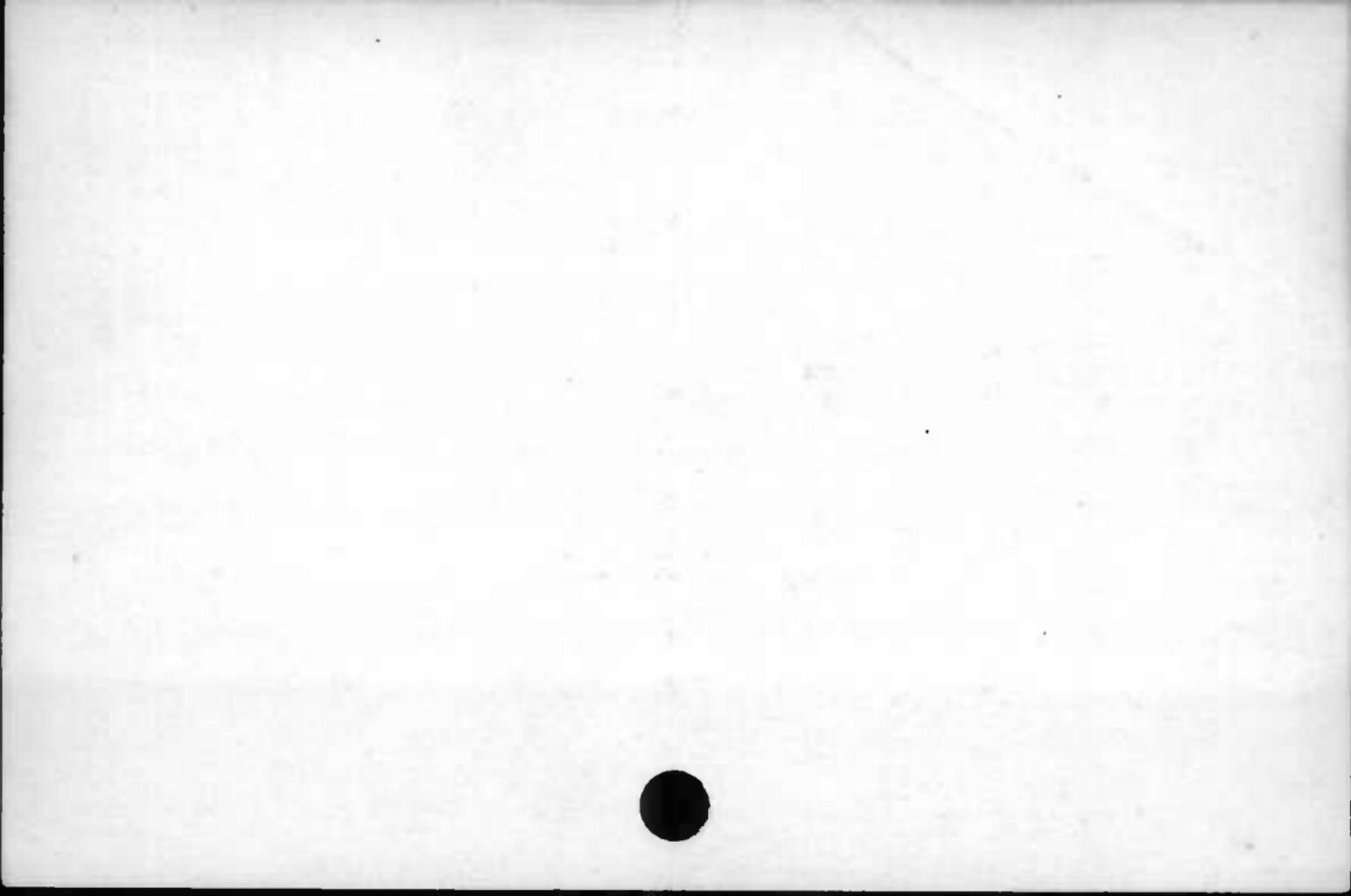
yes

Signature of
Physician

H. E. Lane

Address
Mt. airy Md

Accident or Suicide?



Name
In
Full

Estar F. Fleshamer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Female	Color or Race	Age	2
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Md	
Father's Name	William Fleshamer	Mother's Birthplace	Md	
Mother's Maiden Name	Sophie Fleshamer	How related to deceased	Father	
Name of person giving information	William Fleshamer			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary



How long

Immediate

Premature Birth

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

John J. Stewart
Tymor Mesilla
Md



Name
in
Full

Lillian B Flesherman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1906	Month Sept	Day 6 th	Years
Sex Female	Color or Race White	Age	Months 1
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of wife or Husband	Father's Birthplace	Md
Father's Name	Wilkins Flesherman	Mother's Birthplace	Md
Mother's Maiden Name	Sarah Wilson	How related to deceased	Father
Name of person giving information	Opus Flesherman		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

(5)

How long

Immediate

Premature Birth

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John J Stewart
Madison Mills
Md

Accident or Suicide?



Name
in
Full

Sarah Gact.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
• NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	Sep	28	82	6	20
Sex	Female	Color or Race	White	Birth-place	Md
Occupation	Housewife				
Married, Single or Widowed	Where Residing if not at place of death				
Single					
Father's Name	Name of Wife or Husband				
Samuel Gact					
Mother's Maiden Name	Father's Birthplace				
Mary A Crockett	Md				
Name of person giving information	Mother's Birthplace				
Busie Birnie	Md.				
How related to deceased					
Sister					
Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

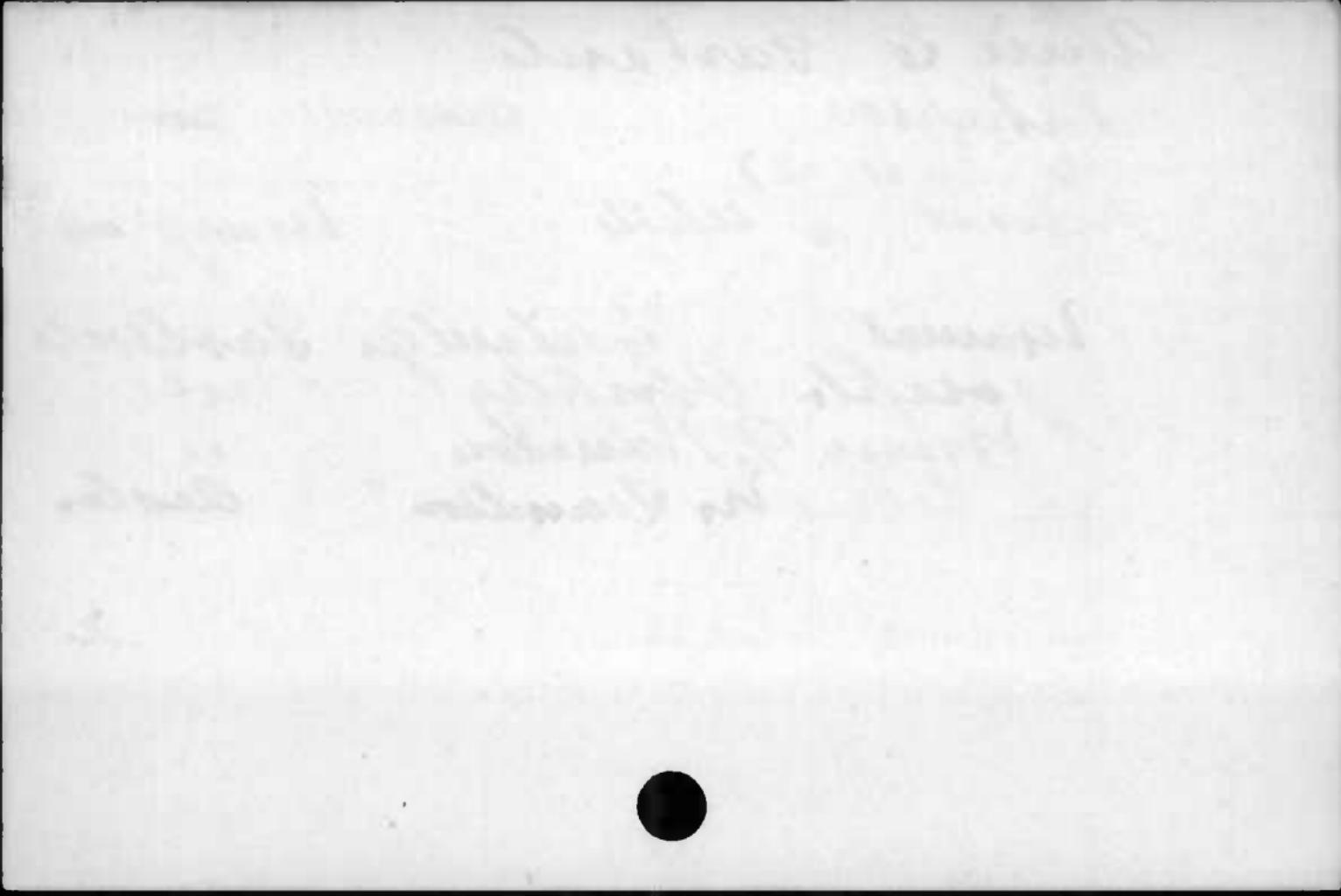
Yes

Signature of Physician

Address

LeBirnie Md
Yancy town
Md

Accident or Suicide?



Annie E Gartside

73

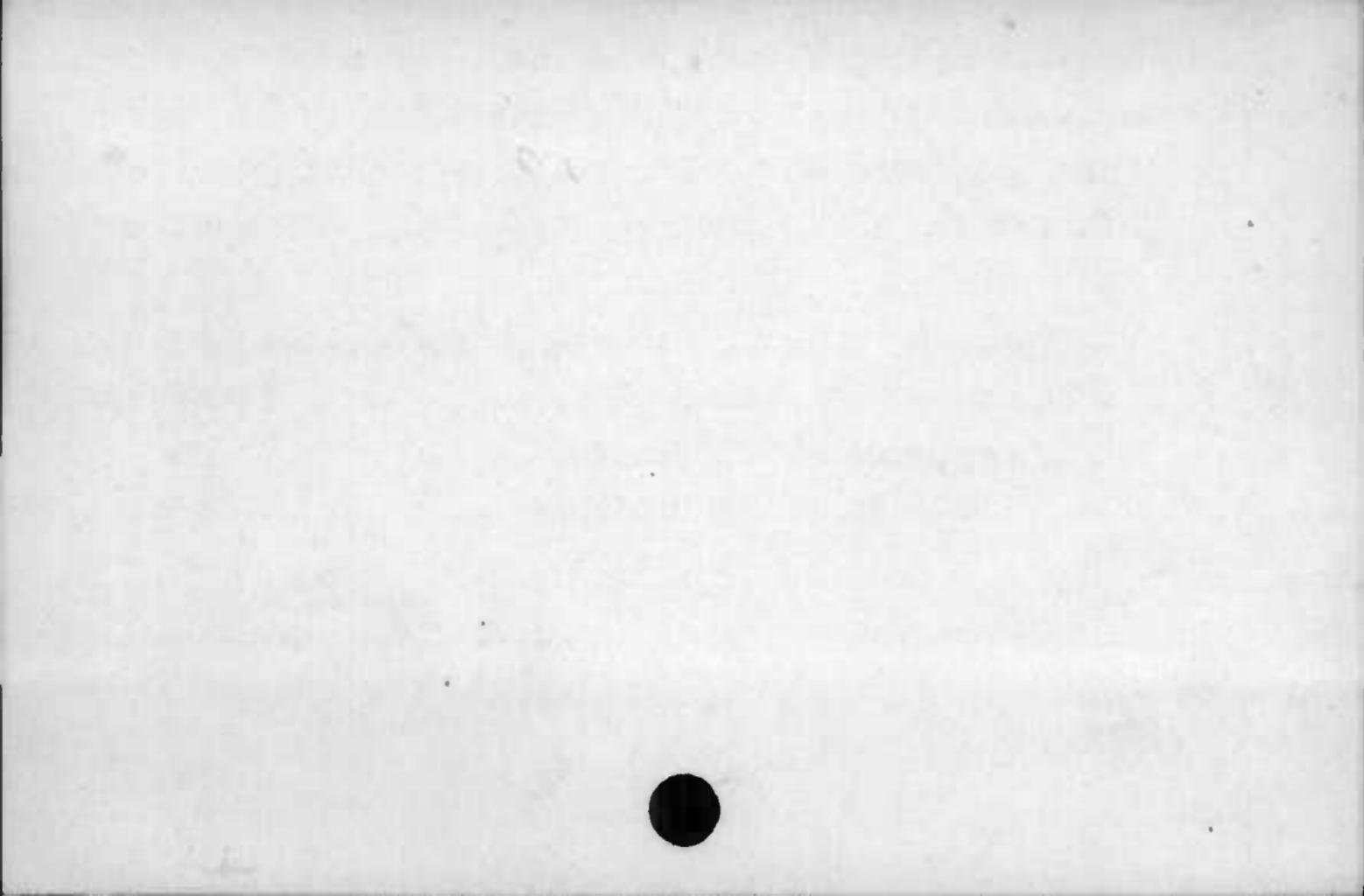
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Eldridge Gartside	
Father's Name	Joseph. Shirley		
Mother's Maiden Name	Mary J. Haudson		
Name of person giving Information	Lillian Haudson		

CAUSES OF DEATH

Primary	Typhoid Fever	How long
Immediate	Miscarriage	12 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
yes		Address
Accident or Suicide?		



Name
in
Full

Annie Barbara Green

No. 72

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	County					
Died at Reese	Carroll					
Date of death 1906	Month Sept	Day 28	Age 53	Years	Months 2	Days 20
Sex Female	Color or Race white	Birth-place Maryland				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband David Green					
Father's Name Henry Dreschler	Father's Birthplace Germany					
Mother's Maiden Name Annie B Burk	Mother's Birthplace do					
Name of person giving information David Green	How related to deceased Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Ovarian Tumor How long 4 or 5 years

Immediate Drop of Heart Failure (31) How long one year or more

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Jas. H. Billingslea M.D.
Westminster Md.

Accident or Suicide?

No -

Bermann
Mühlen
Siedlung

Name
in
Full

Sarah Virginia Ham

CERTIFICATE OF DEATH

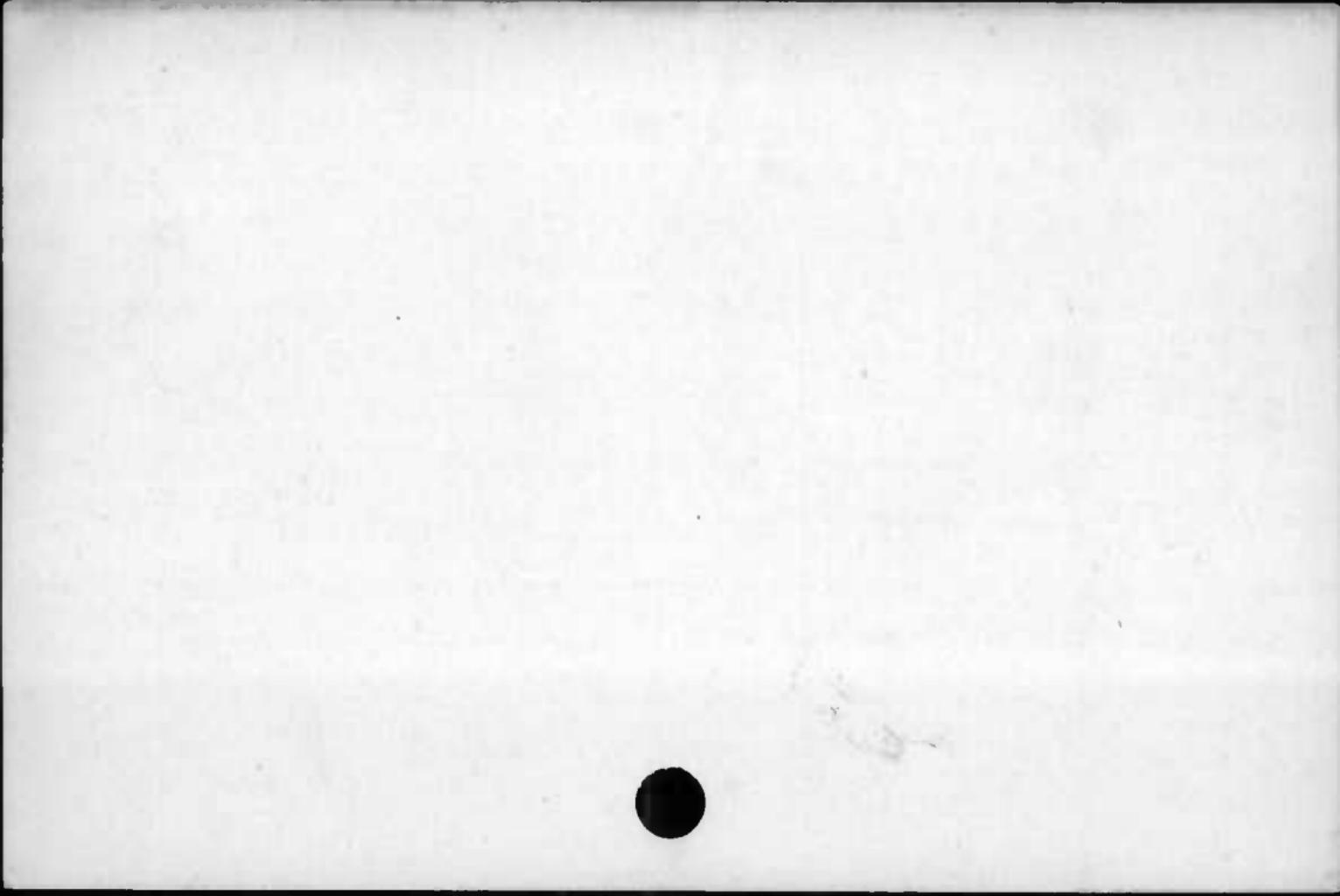
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Melrose</i>	County <i>Carroll</i>	MARYLAND			
Date of death	Month <i>Sept</i>	Day <i>6</i>	Years <i>26</i>	Months <i>1</i>	Days <i>22</i>	
Sex	Female	Color or Race <i>White</i>	Birth-place <i>Melrose</i>			
Occupation	Where Residing If not at place of death <i>House Wife</i>					
Married, Single or Widowed	Married	Name of Wife or Husband <i>Thomas C Ham</i>				
Father's Name	Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name	Lorraine Hoff	Mother's Birthplace <i>York, Pa</i>				
Name of person giving information	How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis of Kidney</i>		How long <i>3 years</i>
Immediate	<i>" of Mercery & body</i>		How long <i>3 mos</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John S. Ziegler MD</i>	Address <i>Melrose, Md.</i>
Accident or Suicide? <i>No</i>			



Name
in
Full

Lannie Hollenbaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at New Windsor Carroll		Town	County	MARYLAND	
Date of death	1906	Month Sept	Day 27	Years	Months 6
Sex	Girl	Color or Race	White	Birth-place	Trinity Bridge
Occupation	Blacksmith	Where Residing if not at place of death		New Windsor	
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace	Maryland
Father's Name	Nathan Hollenbaugh			Mother's Birthplace	Maryland.
Mother's Maiden Name	Lillian Hollenbaugh			How related to deceased	
Name of person giving information	Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Marasmus

How long

4 Weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

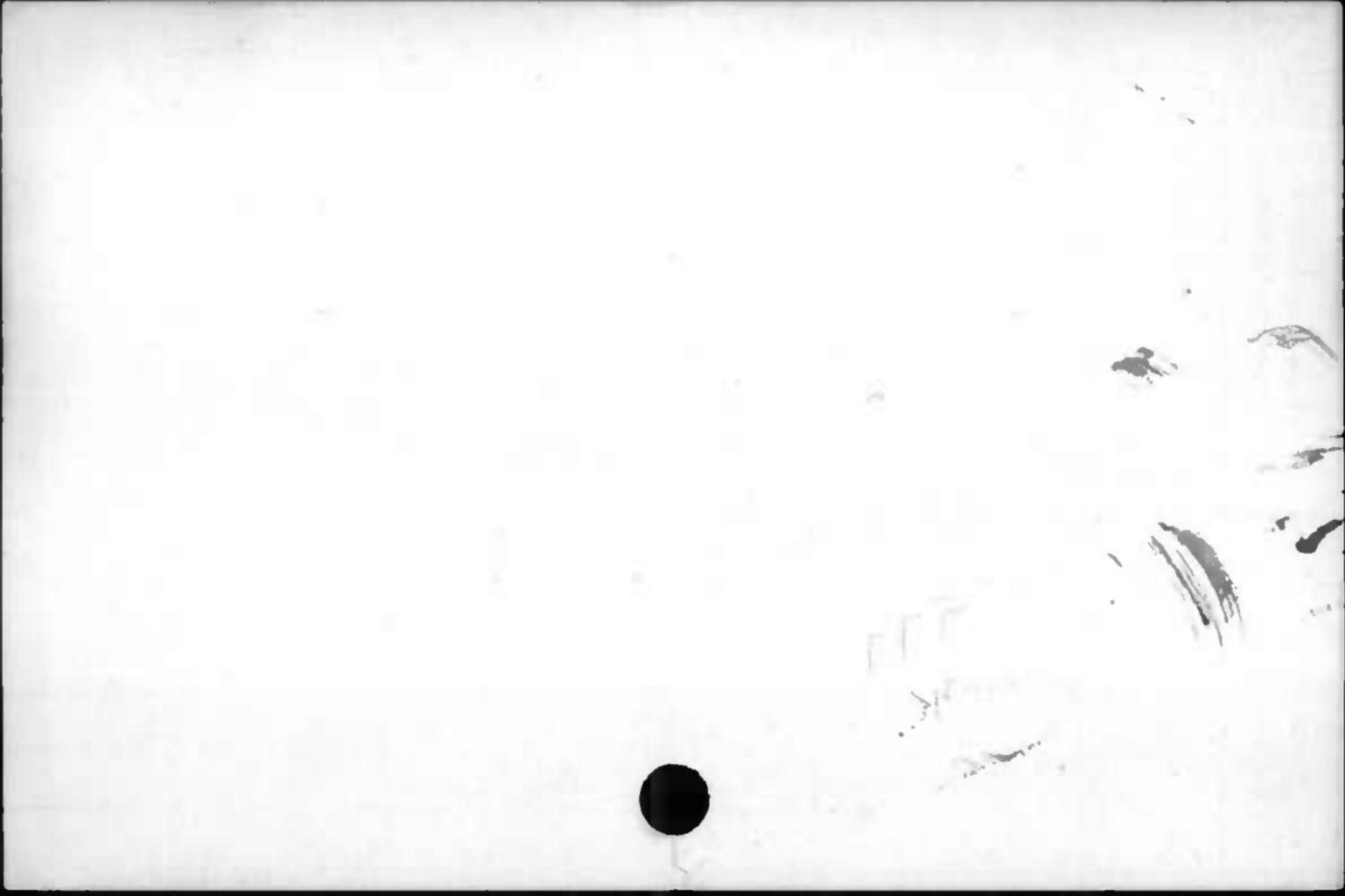
Signature of Physician

Address

Dr Jm G Whitehill

New Windsor Md

Accident or Suicide?



Name
in
Full

Maria White Hooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Carroll	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Md.
Occupation	None			Where Residing if not at place of death -	
Married, Single or Widowed	Pidow	Name of Wife or Husband			-
Father's Name	Thomas E. White			Father's Birthplace	Md.
Mother's Maiden Name	Henrietta E Martin			Mother's Birthplace	Md.
Name of person giving Information	Hannie E. Hooper			How related to deceased	Daughter -

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senility -
Apoplexy

How long

about one
year

Immediate

64

How long

sudden death -

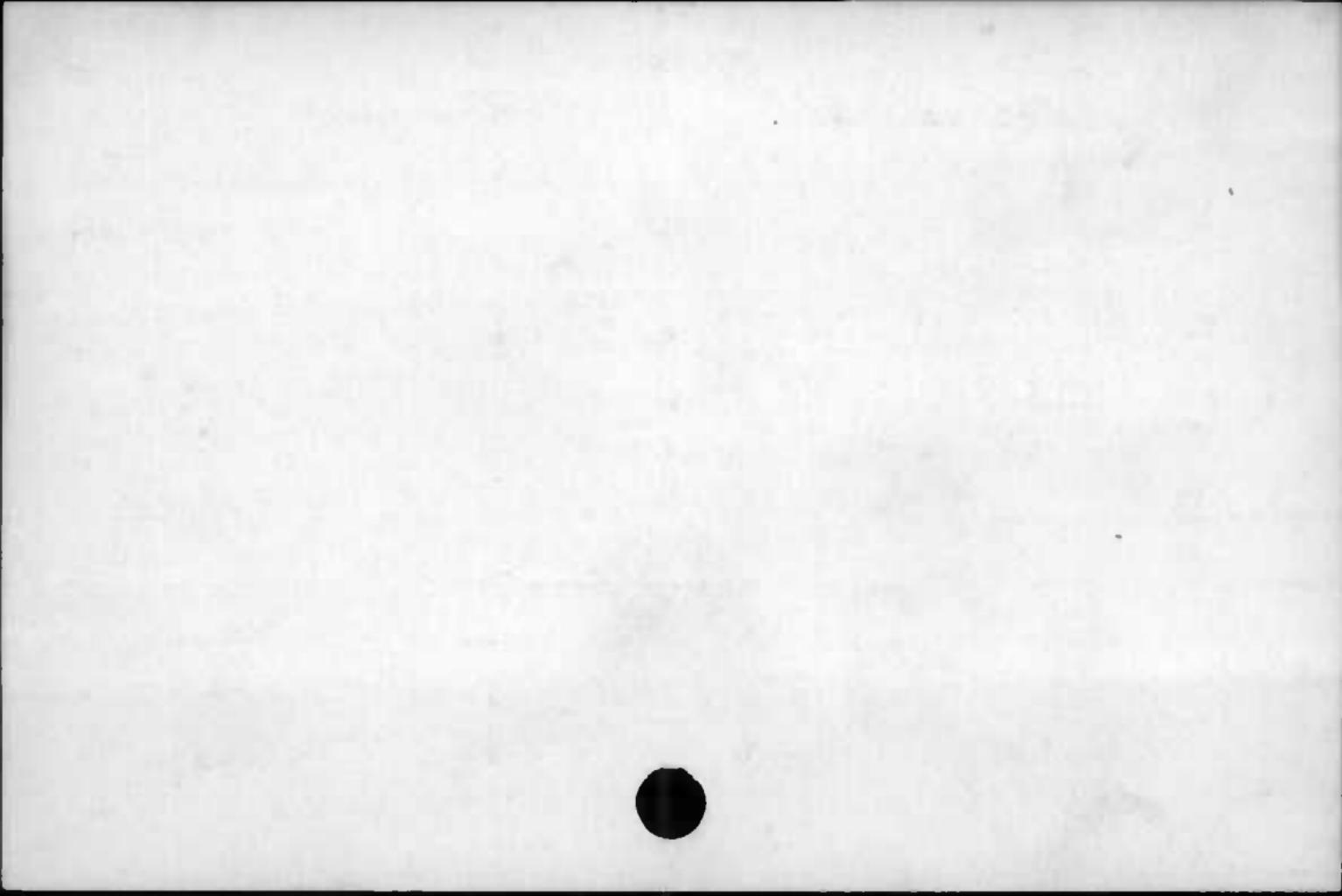
Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

John Norfolk Morris M.D.
Address
Springfield Hospital
Lykesville, Carroll Co. Md.

Accident or Suicide? -



Name
in
Full

William Horner

No 66

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Westminster	Town	County	Carroll	MARYLAND
Date of death	1906	Month Sept	Day 19	Age 46	Years 3 Months 3 Days 20
Sex	Male	Color or Race	white	Birth-place	Maryland
Occupation	Cigar Worker	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Mary O Miller	Father's Birthplace	2nd
Father's Name	Charles W Horner	Mother's Birthplace	"	Mother's Maiden Name	"
Mother's Maiden Name	Mary Catharine Paine	How related to deceased	Wife	Name of person giving information	Mary O Horner

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption

How long
3 years

Immediate

Heart Failure

How long
2 hours

Are the name, age, sex, color, date and place correctly given above?

yes

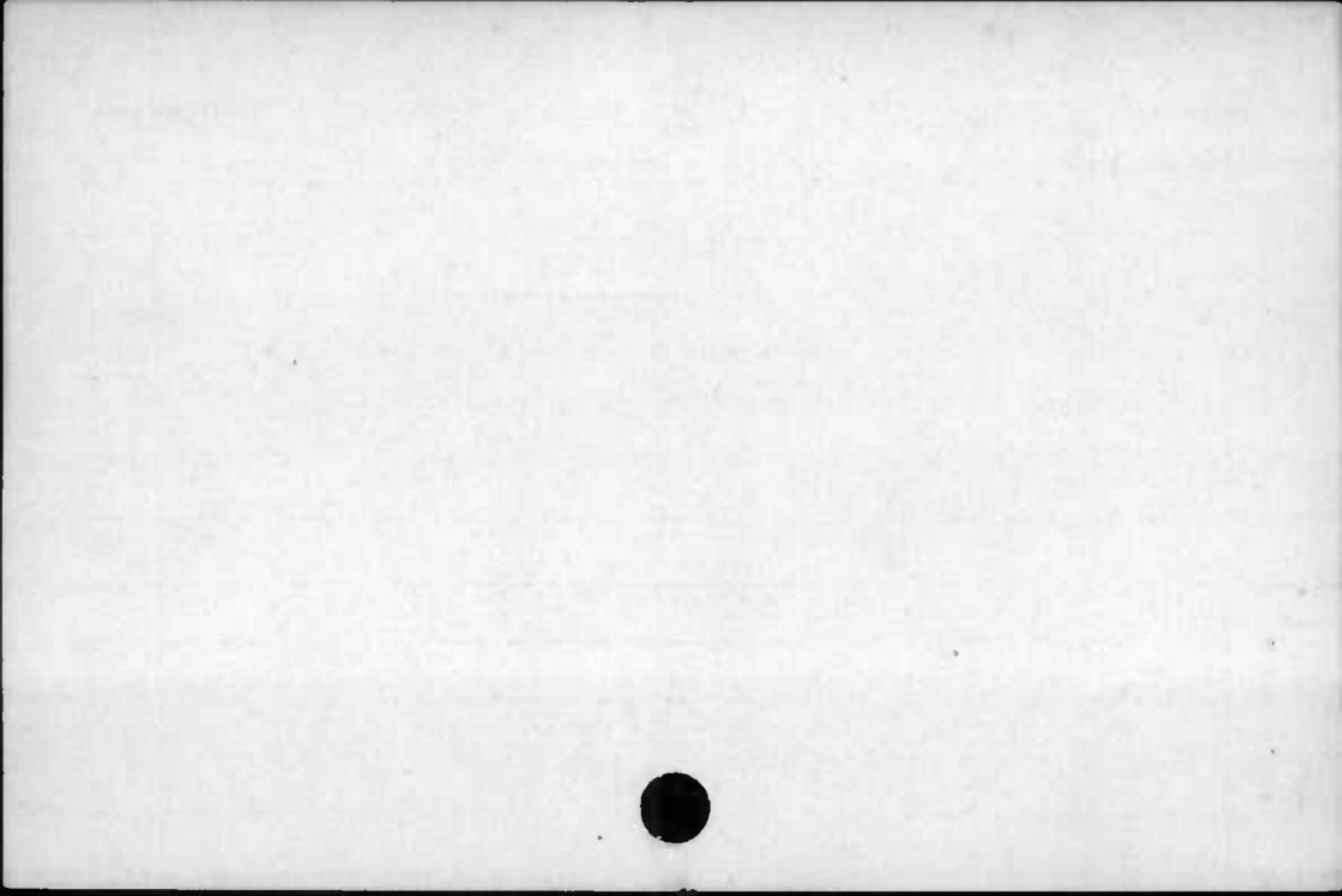
Signature of Physician

J. J. Boone M.D.

Address

Washington

Accident or Suicide?



Name
in
Full

John Jones

CERTIFICATE OF DEATH

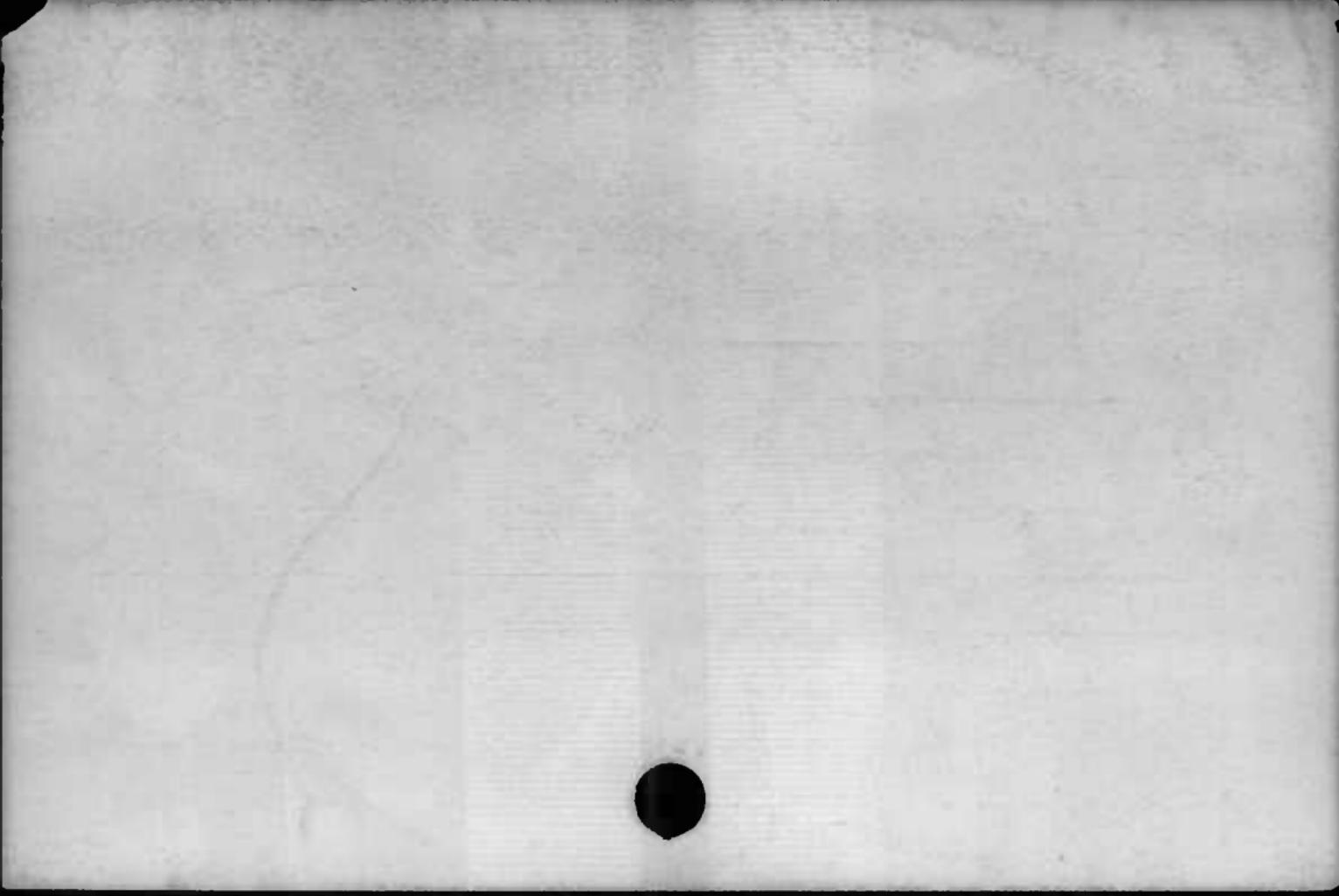
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Years	Months Days		
1906	September	20 th	Aug 29	3	4
Sex	Male	Color or Race	White	Birth-place	Springfield
Occupation	Bank Clerk				
Married, Single or Widowed	Single	Where Residing if not at place of death			
Father's Name	Daniel Jones			Father's Birthplace	Springfield
Mother's Maiden Name	Mary Dickson			Mother's Birthplace	Ashbury
Name of person giving Information	Robert Staines			How related to deceased	Cousin

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gunshot-wound in abdomen		How long	One week
Immediate	General Peritonitis		How long	Three days.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Frank Burden
			Address	848 N. Lombard St. Baltimore Md.
Accident or Suicide?		Accident-		



Name
in
Full

William Kerr

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Springfield Hospital		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1906	Sept	18"	Age 76		
Sex	Male	Color or Race	White	Birth-place	Ireland
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Widower	Name of Wife or Husband			
Father's Name	James Kerr		Father's Birthplace	Ireland	
Mother's Maiden Name	Jane —		Mother's Birthplace	Scotland	
Name of person giving information	Hospital records		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senile dementia

How long

(154)

?

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

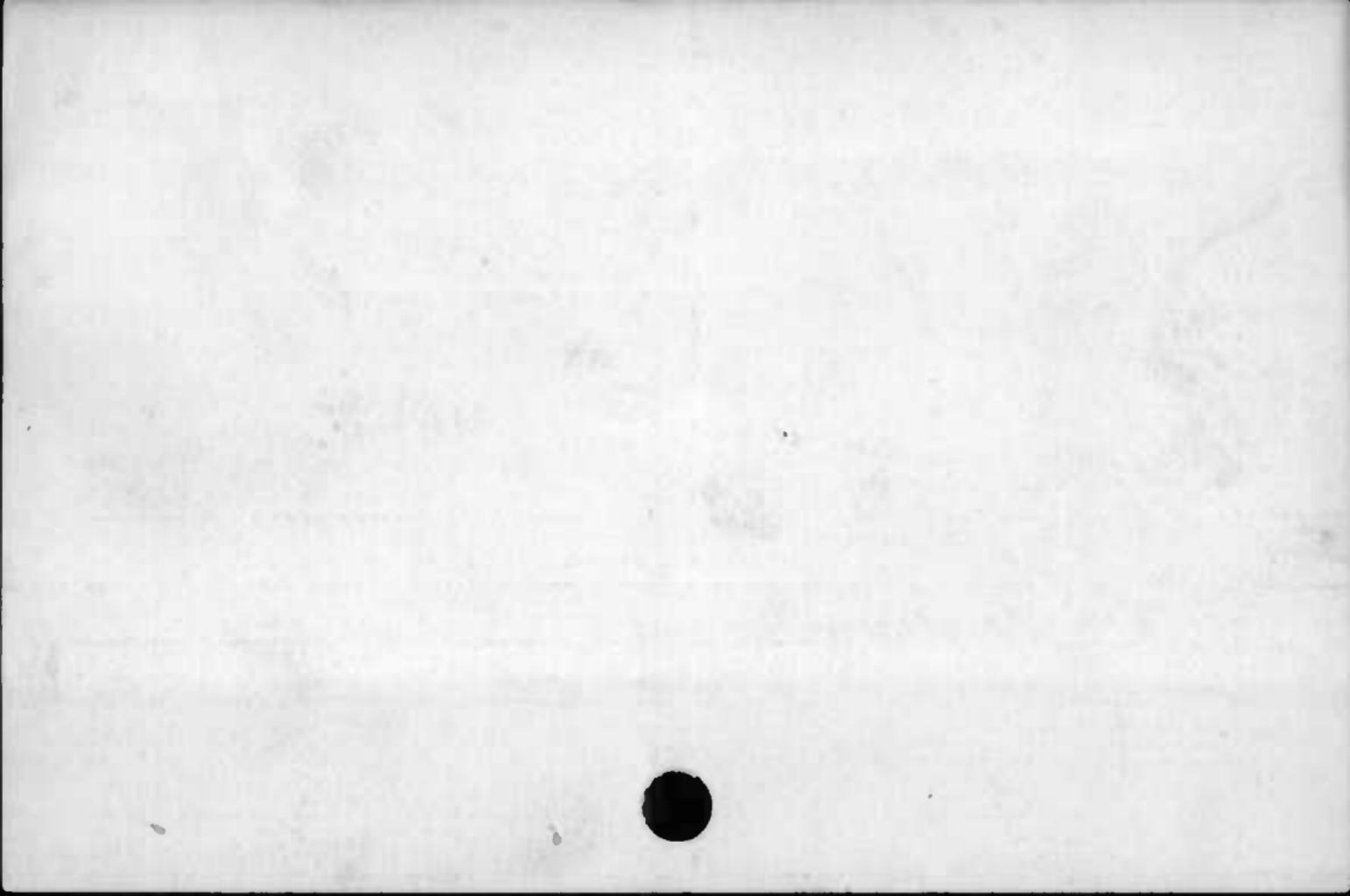
Signature of Physician

Address

Chas J. Carey
Lykewill Md.

J

Accident or Suicide?



Name
in
Full

Annie C. Kitzmiller

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Carroll	County		MARYLAND	
Date of death	Month	15 th	Age	69	Years	Months
Sex	Female	Color or Race	White	Birth-place	Md.	Days
Occupation	Housewife	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Husband	H. J. Kitzmiller			
Father's Name	-	Franklin	Father's Birthplace		Md	
Mother's Maiden Name	Z		Mother's Birthplace		Md	
Name of person giving Information	H. J. Kitzmiller	How related to deceased		Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile Dementia	64	How long	4 yrs.
Immediate	Cerebral Congestion.		How long	about 5 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John Norfolk Morris M.D.,
Springfield State Hosp.,
Sykesville, Carroll Co., Md

Accident or Suicide?

-



Name in Full

Certificate of Death

Charles E. Knolle
TOWNSHIP
Carroll County

Died at

MARYLAND

Date 1906

Month 9 Day 3

Age 31 Y. M. D.

Native of MD

Occupation Carpenter

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

John Bott

Mother's Name

Rebecca Harris

Cause of Death

Primary

La grippe

How long sick

Death

Immediate

Hydropericardium

cannot say

Accident, Suicide, Homicide

Reported by

R. C. Wells M.D.

Address

Oxon Hill, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Father's birth-place -
Spaniard Flats

Mother's birth-place -
Buckleyville, Md.

Name
in
Full

Flora Ida Koontz

No 63
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Pleasant Valley		County	Carroll	
Date of death	Month	1906	Sept	Day	11	Years
Sex	Female	Color or Race	white	Birth-place	Carroll Co Md	
Occupation	Where Residing if not et place of death					-
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Jeremiah Koontz		Father's Birthplace Carroll Co Md			
Mother's Maiden Name	Flora Wauzy		Mother's Birthplace Carroll Co Md			
Name of person giving information	Jeremiah Koontz		How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Hooping cough

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

C. M. Brown M.D.

Pleasant Valley
Carroll Co Md

Accident or Suicide?

Pleasant Valley cemetery
Stoners.

Name
in
Full

Harry Leman

No 75
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Westminster			County	Carroll	
Date of death	Month	Day	Years	Months	Days	
1906	Sept	30	86	3	—	
Sex	Male	Color or Race	White	Birth- place	Ireland	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Widower	Name of Wife or Husband	—			
Father's Name	Dent Knorr			Father's Birthplace	—	
Mother's Maiden Name	—			Mother's Birthplace	—	
Name of person giving Information	Millon - Humber			How related to deceased	friend	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old age

79

How long

3 months

Immediate

Heart.

79

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

John S. Mathews

Westminster

Md.

Accident or Suicide?

Hobson

Name
in
Full

Maurice E. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Silver Run</u>		Town	County <u>Carroll</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Sept.</u>	Day <u>9</u>	Age	Years	Months <u>3</u>	Days <u>19</u>
Sex <u>male</u>	Color or Race <u>White</u>				Birth-place <u>Md</u>	
Occupation <u>X</u>	Where Residing If not at place of death <u>X</u>					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>J. Wesley Miller</u>			Father's Birthplace <u>Md -</u>			
Mother's Maiden Name <u>Vesta Hildebrandt</u>			Mother's Birthplace <u>Md</u>			
Name of person giving Information <u>J. Wesley Miller</u>			How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

(X)

How long

Immediate

Disentery

How long

4 weeks

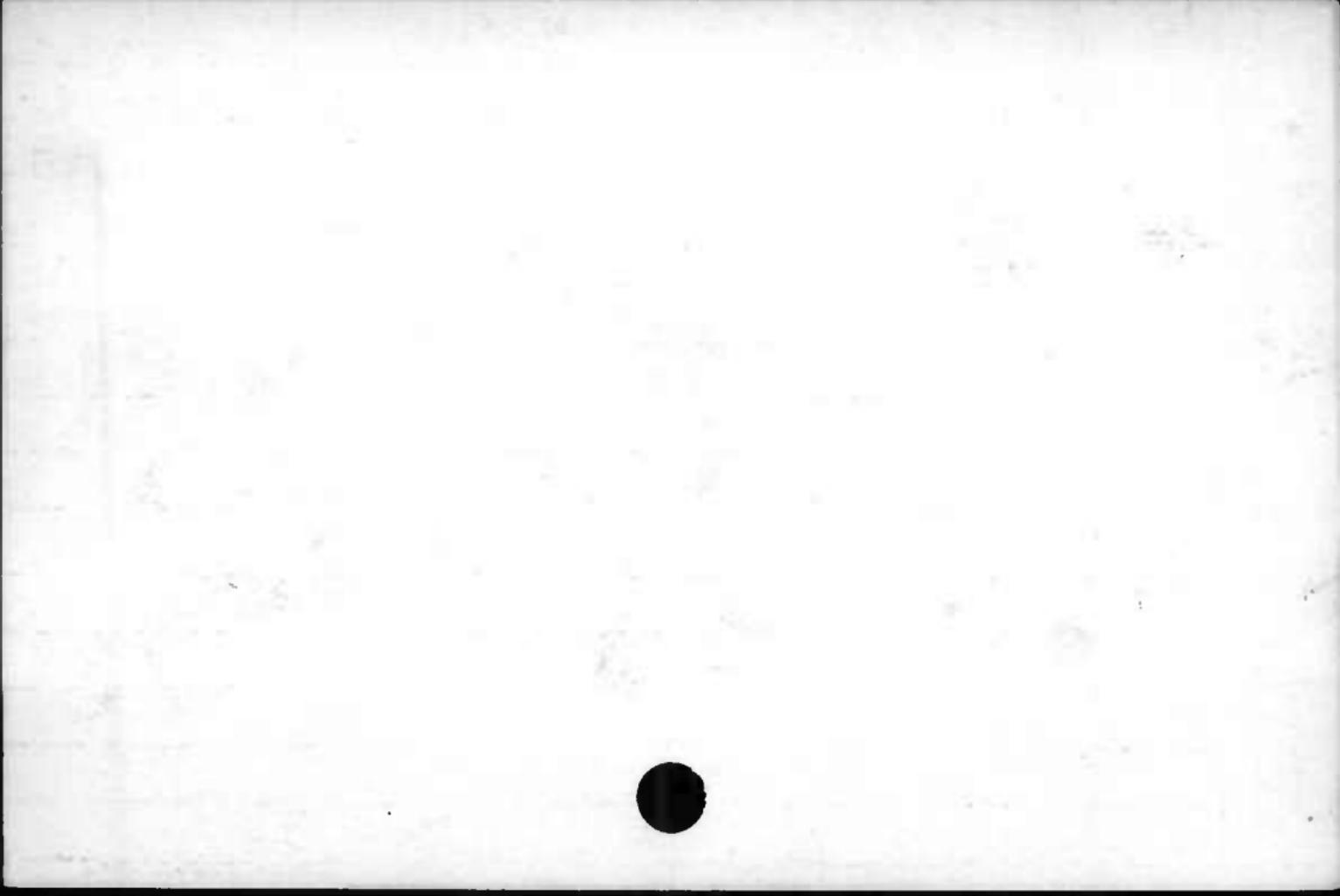
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

E. M. Rauhenshine
undertaker
Rauhenshine
i. Md.

Address

Accident or Suicide?



Name
in
Full

Vernon Sterborn Myers

No 67
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Jessie Myers				
Mother's Maiden Name	Annie Charms				
Name of person giving information	Jessie Myers				
Father's Birthplace Carroll Co. Md.					
Mother's Birthplace " " "					
How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Ophthalma -

How long

6 or 8 week

Immediate

Cholera infantum

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Chas. R. Foster MD
Westminster
Md.

Accident or Suicide?

Ellsworth ceiling
stones

John William Nace

CERTIFICATE OF DEATH

Died at Manchester Disc.		Town Carroll		County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1906	9	3	72			1	
Sex male	Color or Race white			Birth-place Penna.			
Occupation Retired Farmer	Where Residing if not at place of death Home						
Married, Single or Widowed	Name of Wife or Husband Bassau Htz			Father's Birthplace Penna			
Father's Name John Nace			Mother's Birthplace Md.				
Mother's Maiden Name Eliza Kerlinger			How related to deceased nephew				
Name of person giving information J Sziegler							

CAUSES OF DEATH

Primary	Tuberculosis	(21)	How long
Immediate	"		How long

Are the name, age, sex, color, date and place correctly given above?

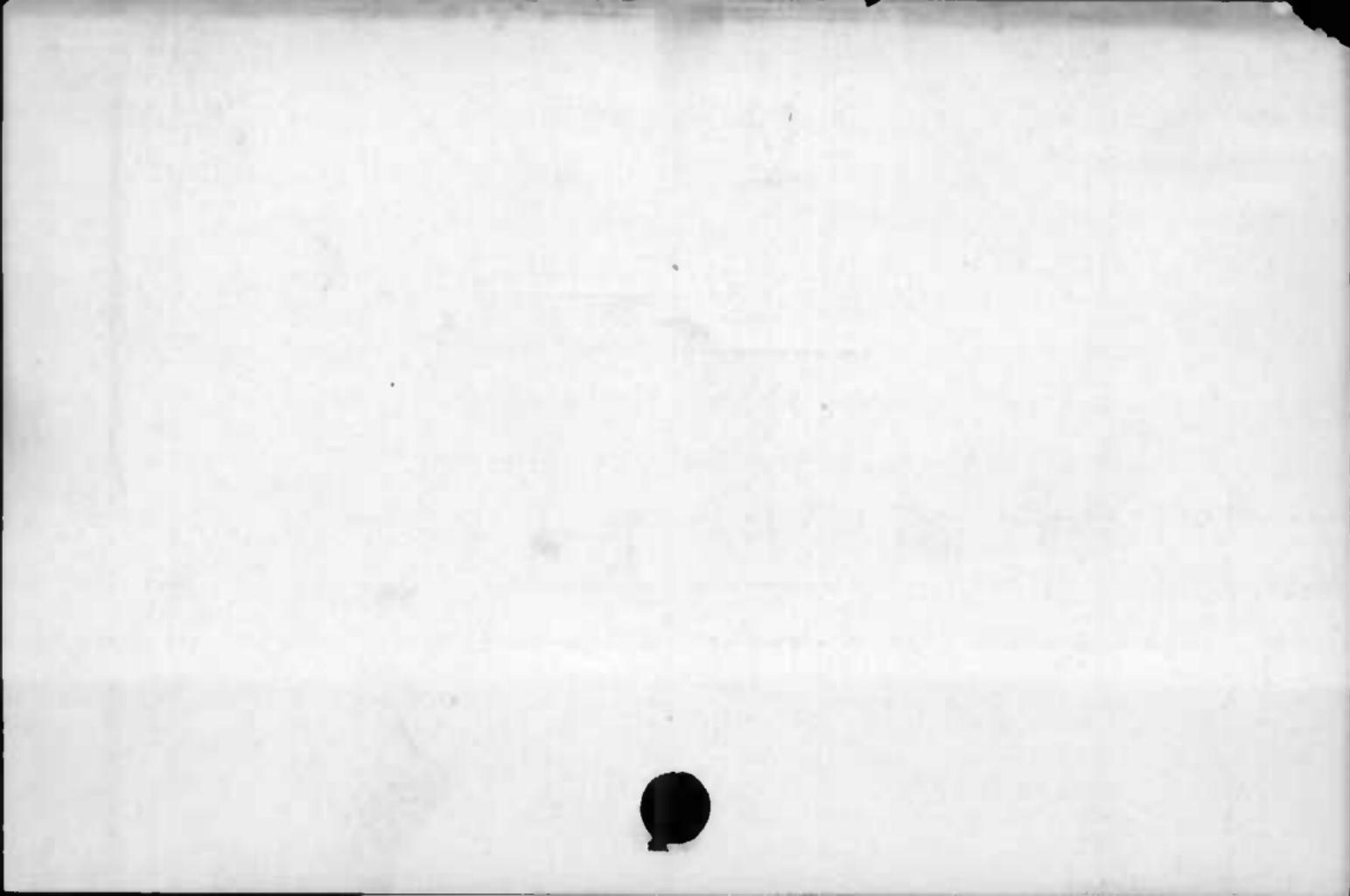
yes

Signature of Physician

Address

John Sziegler
Melrose
Md.

Accident or Suicide?



Name
in
Full

Edward Perine

No. 74
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town Died at	Carrollton	County	MARYLAND
Date of death	1906	Month	Sept.
Day	30	Years	63
Age	63	Months	9
Sex	Male	Color or Race	White
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Widower	Name of Wife or Husband	
Father's Name	Klower Krown		
Mother's Maiden Name	"	"	
Name of person giving Information	George Hughes friend		

CAUSES OF DEATH

Primary

Dropsy

19

How long

2 weeks

Immediate

Hematite

How long

"

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Mrs. B. J.
Westmunk
Tuck

PHYSICIAN
OR CORONER

Accident or Suicide?

Germann
Mar. 1944

Name
in
Full

Wilbur Perkins

CERTIFICATE OF DEATH

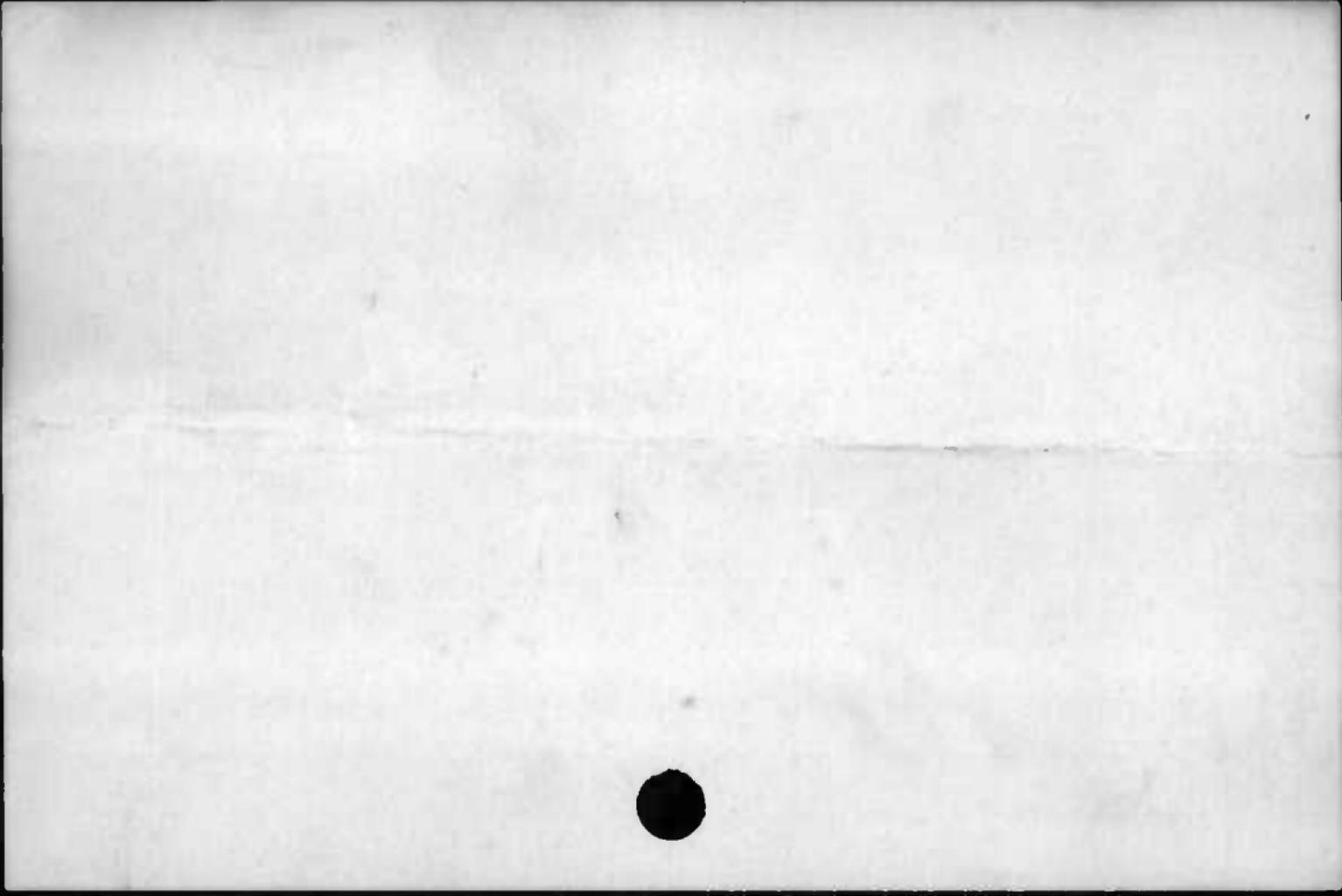
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		
Springfield Hospital		Carroll	MARYLAND	
Date of death	Month	Day	Years	Months Days
1906	Sept	17"	30	
Sex	Male	Color or Race	White	Birth- place
Occupation	Carpenter			Where Residing if not at place of death
Married, Single or Widowed	married	Name of Wife or Husband	Gertrude	
Father's Name	John Wesley Perkins			Father's Birthplace
Mother's Maiden Name	S			Mother's Birthplace
Name of person giving Information	Hospital records			How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever	<input checked="" type="radio"/>	How long	10 days
Immediate	Intestinal perforation	<input type="radio"/>	How long	1½ days
Are the name, age, sex, color, date and place correctly given above?		As best of my knowledge	Signature of Physician	Char. J. Carey
			Address	Sykesville Md.
Accident or Suicide?				



Name
in
Full

John Petry

1865
CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County				
Died at Springfield Hospital - Carroll	MARYLAND				
Date of death 1906	Month 9 th	Day 14 th	Years 82	Months	Days
Sex Male	Color or Race White	Birth-place Maryland			
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Michael Petry	Father's Birthplace Md.				
Mother's Maiden Name ?	Mother's Birthplace				
Name of person giving Information	Hospital Records.	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Q.R. CORONER

Primary Severe dementia

Immediate Acute Bronchitis et Acute hepatitis

Are the name, age, sex, color, date and place correctly given above?

To best

Signature of Physician

W. Henry Fisher

Address

Sykesville

Md.

Off my knowledge.

Accident or Suicide?

None

At Meadow Branch

Stones

Name
in
Full

Mabel E Reichardt

no 61
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County			
Died at Westoverester	C Carroll			
Date of death 1906	Month Sept Day 7	Years 21	Months 1	Days 28
Sex Female	Color or Race white	Birth-place Maryland		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed Single	Name of Wife or Husband			
Father's Name John S. Reichardt	Father's Birthplace Maryland			
Mother's Maiden Name Ada May Greiss	Mother's Birthplace "			
Name of person giving information John S. Reichardt	How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	(21)	How long 6 month
Immediate	Hemoptysis		How long -
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. S. Reichardt	
		Address Westoverester, Md.	
Accident or Suicide?			



Name
in
Full

Jacob L. Shaaffer

No. 62
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westminster</u>		County <u>Carroll</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Sept</u>	Day <u>11</u>	Years <u>47</u>	Months <u>3</u>	Days <u>18</u>
Sex <u>Male</u>	Color or Race <u>White -</u>	Birth-place <u>Carroll Co Md</u>			
Occupation <u>Retired</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of wife or Husband <u>Louisa Palmer</u>	Father's Birthplace <u>Carroll Co Md</u>			
Father's Name <u>Lewis Shaaffer</u>	Mother's Birthplace <u>" " "</u>				
Mother's Maiden Name <u>Elizabeth Gummel</u>	How related to deceased <u>Nephew</u>				
Name of person giving information <u>Lewis Shaaffer</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Aortic Stenosis</u>	How long <u>several yrs</u>
Immediate <u>Exhaustion</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Chas R. Foutz</u>
	Address <u>Westminster Md</u>
Accident or Suicide? <u></u>	



Name
in
Full

George W. Shifley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			
Wt. Avery	Carroll			MARYLAND	
Date of death	Month	Day	Years	Months	Days
1906	Sept.	9	Age 25		
Sex	Male	Color or Race	White American	Birth-place	Fred's Co., Md
Occupation	Brakeman on B&O RR				
Where Residing if not at place of death	Baltimore				
Married, Single or Widowed	Single				
Name of Wife or Husband					
Father's Name	Bradley G. Shifley				
Mother's Maiden Name	Mary V. Ford				
Name of person giving Information	Mary V. Shifley				
Father's Birthplace	Howard Co. Md.				
Mother's Birthplace	Montgomery Co. Md.				
How related to deceased	Mother				

CAUSES OF DEATH

POLICIAN
OR CORONER

Primary

Typhoid fever

How long

6 weeks

Immediate

weak heart

How long

10 days

Are the name, age, sex, color, date and place correctly given above?

Yes

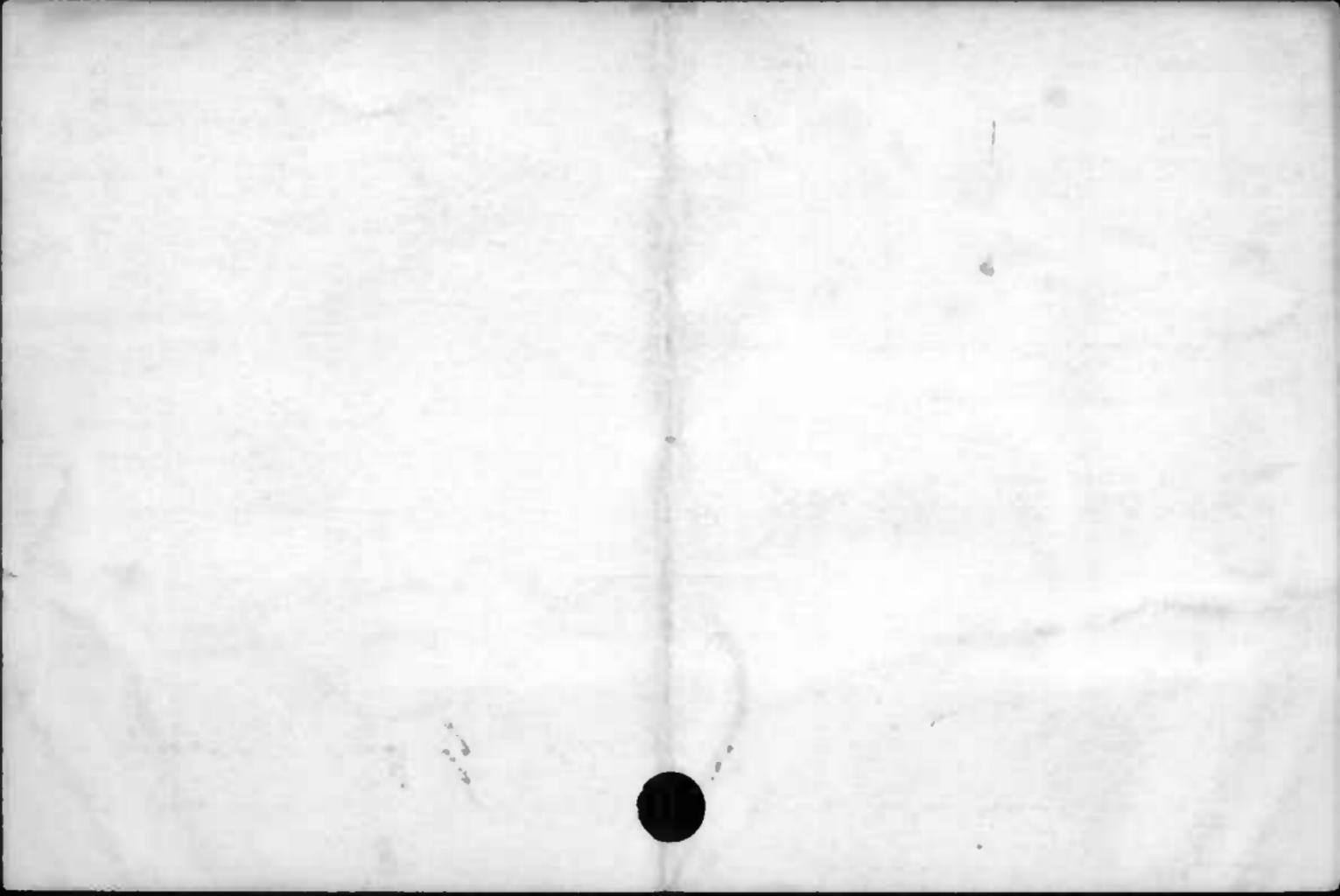
Signature of Physician

J. E. Brownwell

Address

Wt. Avery Md.

Accident or Suicide?



Name
in
Full

Harry Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Maryland</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Sept.</u>	Day <u>24</u>	Age <u>63</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>W</u>				Birth-place <u>Md</u>	
Occupation <u>Farmer</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>M.</u>	Name of Wife or Husband <u>Sallie Smith</u>					
Father's Name <u>Richard Smith</u>	Father's Birthplace <u>Md</u>					
Mother's Maiden Name <u>Mary A. Bails</u>	Mother's Birthplace <u>Md</u>					
Name of person giving Information <u>Dr. F. J. Brooks</u>	How related to deceased <u>No</u>					

CAUSES OF DEATH

Primary

Chronic Bright's

How long

1 week

Immediate

How long

A. J. Brooks

Are the name, age, sex, color, date and place correctly given above?

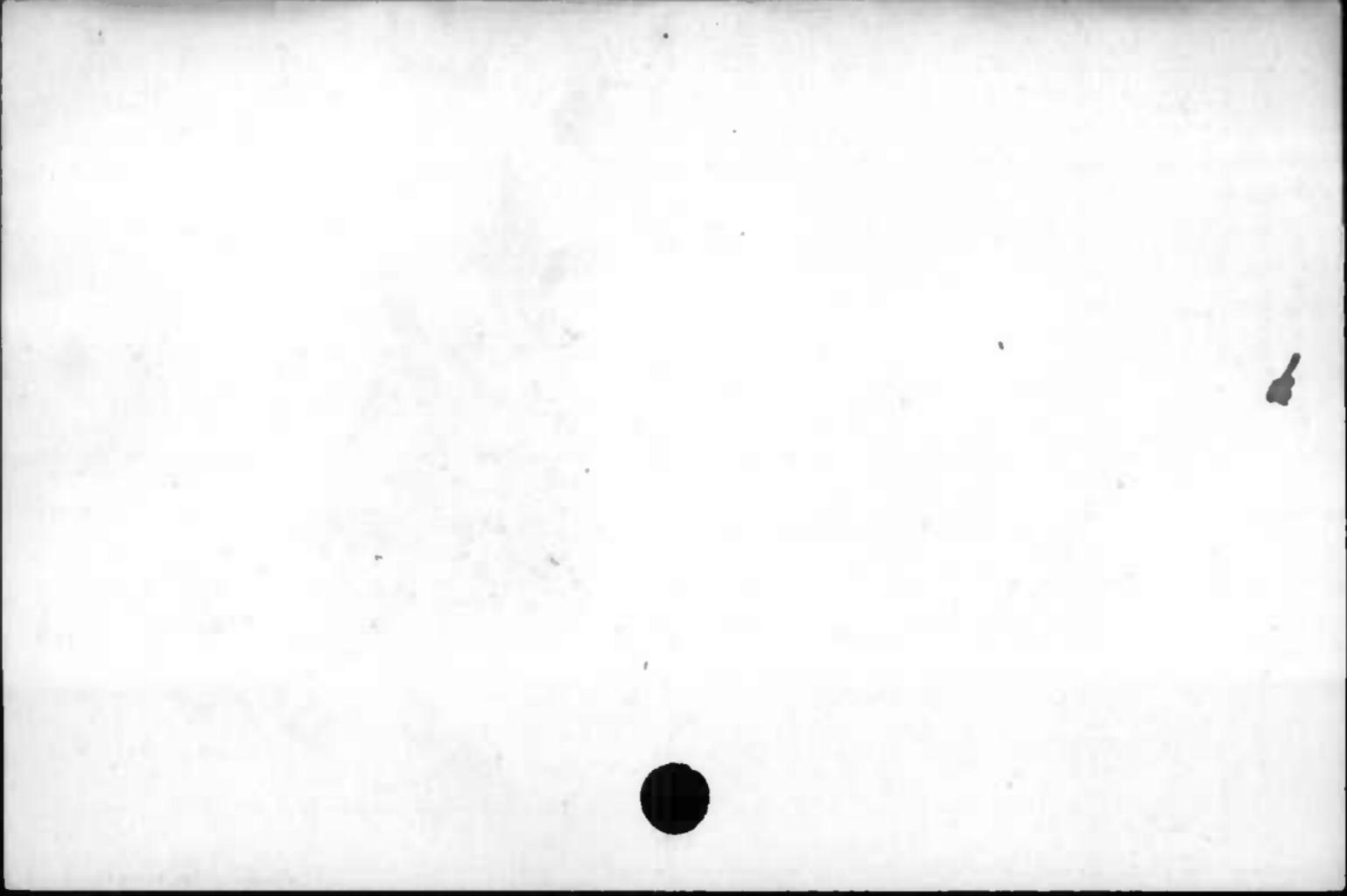
Signature of Physician

Yes

Address

MariettaMd

Accident or Suicide?



Name
in
Full

Eva M. Stauffer

CERTIFICATE OF DEATH

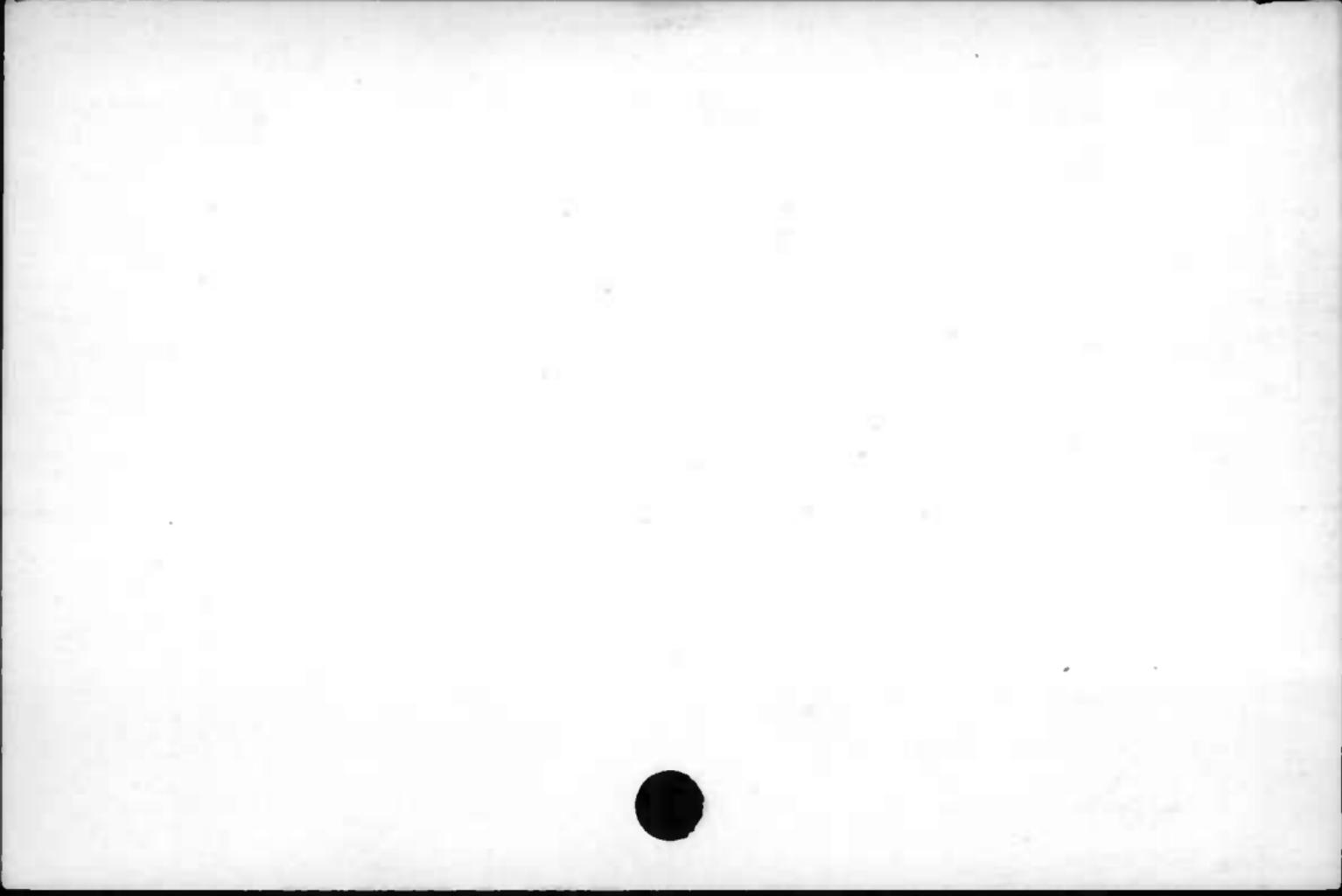
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Harry B. Stauffer			
Mother's Maiden Name	Alverta E. Ringle			
Name of person giving Information	Harry B. Stauffer			

CAUSES OF DEATH

PROFESSIONAL
HOSPITAL
CORONER

Primary	Berebro Spinal Meningitis	How long	7 weeks
Immediate	Coma	How long	4 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Ghandoor M. Bunker M.D.
		Address	Parneytown Md.
Accident or Suicide?			



Name
in
Full

Annie M. Stuller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Mother's Birthplace		
Father's Name	Summerfield Stuller	Ind	Pa		
Mother's Maiden Name	Maggie Hockey	How related to deceased	Father		
Name of person giving information	Summerfield Stuller				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cholera Infantum

How long

today

Immediate

Infection & Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

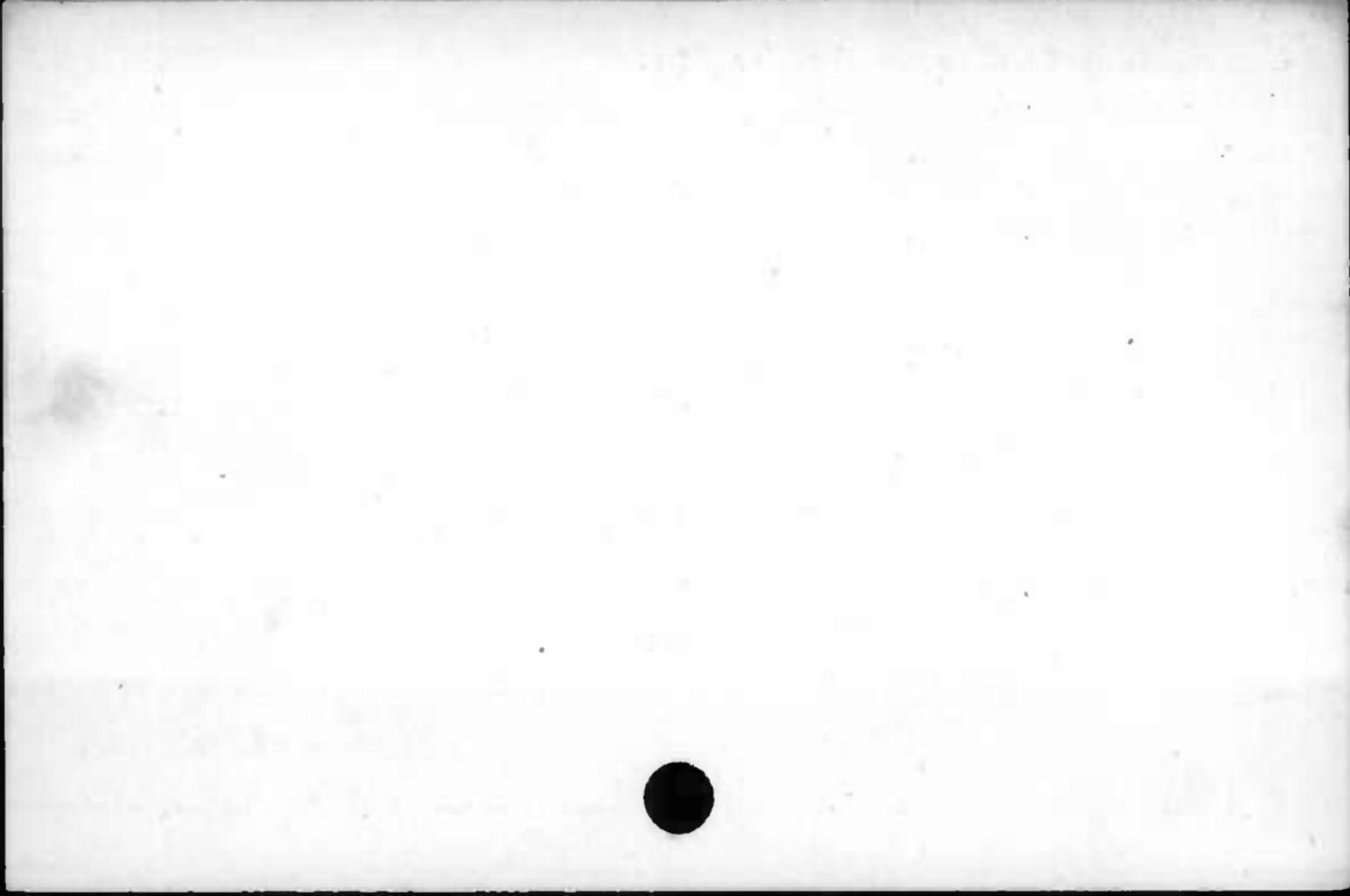
Address

Charles Stuller

Tarpon Bay

mt.

Accident or Suicide?



Name
in
Full

Blanch E. Tanneay

Nov 69

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at

Town
Westminster

County
Carroll

MARYLAND

Date
of death

1906

Month

Sept 22.

Day

Years

15

Months

3

Days

22

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Single

Father's
Birthplace

Andrew J. Tanneay

Maryland

Mother's
Maiden Name

Mary C. Little

Mother's
Birthplace

Name of person giving
Information

Audrey J. Tanneay

How related
to deceased

Father

CAUSES OF DEATH

Primary

Syphoid Fever

How long

23 days.

Immediate

Peritonitis.

How long

5 days.

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Barry Fessler Paer, M.D.

Address

Tanneay, Md.



Accident or Suicide?

Accident.

Louster

Name
in
Full

J. S. Tuthill

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Springfield Hospital		County	Carroll				
Date of death	Month	1906	Sept	Day	23	Years	58	Months	Days
Sex	Male	Color or Race	White	Birth- place	Cumberland				
Occupation	None	Where Residing if not at place of death							
Married, Single or Widowed	Single	Name of Wife or Husband							
Father's Name	Minor Tuthill				Father's Birthplace		S		
Mother's Maiden Name	Sarah Jane Wright				Mother's Birthplace		Md		
Name of person giving Information	Hospital records				How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralytic & convulsions

How long

?

Immediate

Chr. Nephritis

How long

?

Are the name, age, sex, color, date
and place correctly given above?

Yes best

Signature of
Physician

Address

Char. J. Early

Sykesville Md.

Accident or Suicide?

No



Name
in
Full

Moses Keasey

CERTIFICATE OF DEATH

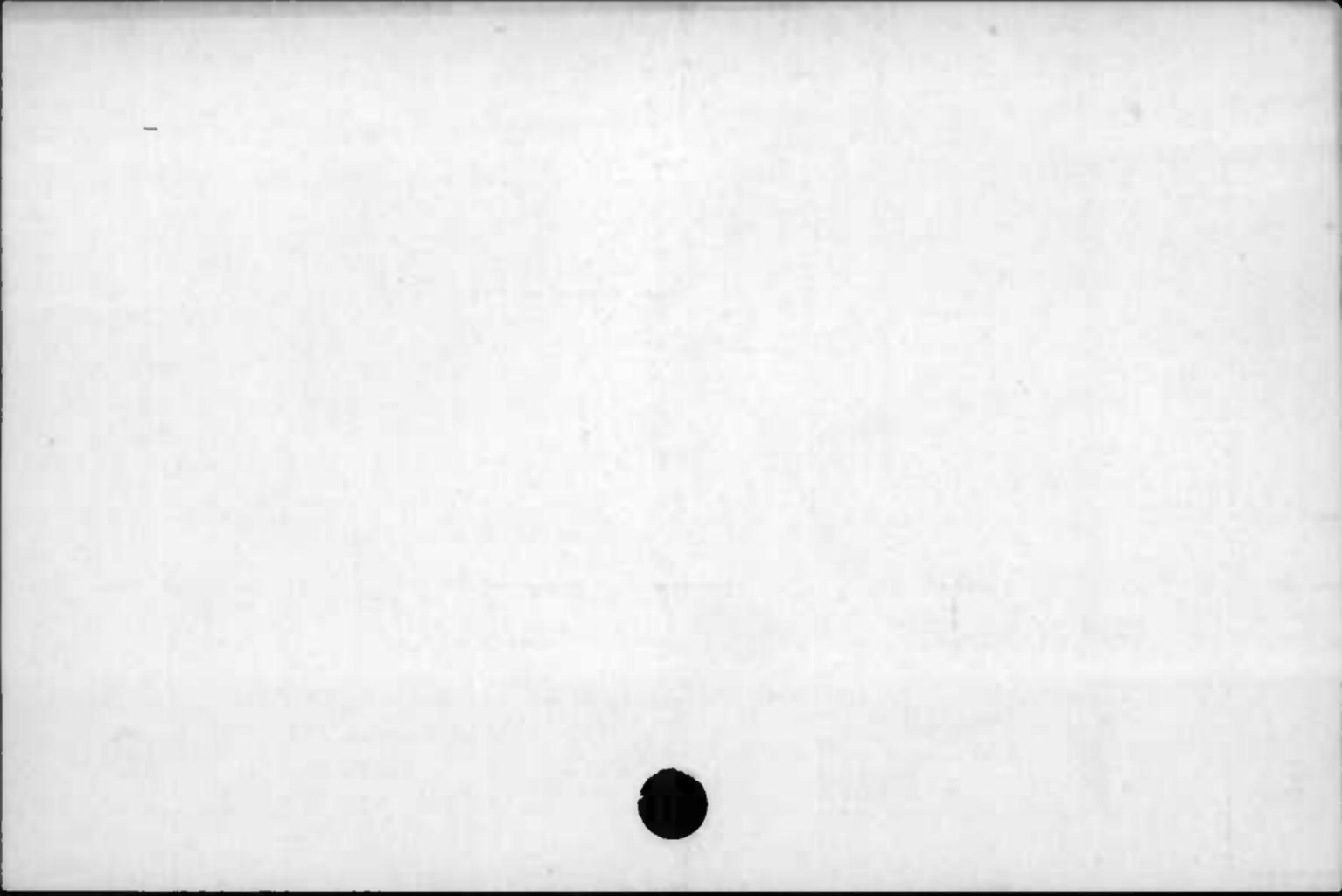
To BE ANSWERED BY
NEAREST FRIEND

Town	Springfield Hospital		County	Carroll	
Date of death	Month 1906 Sept	Day 4 nd	Years Age	56	Months Days
Sex	Male	Color or Race	White	Birth- place	Unknown
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Unknown	Name of Wife or Husband			
Father's Name	Unknown		Father's Birthplace		
Mother's Maiden Name	"		Mother's Birthplace		
Name of person giving Information	Hospital records		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Epileptic dementia		(69)	How long	Unknown
Immediate	Cerebral congestion		(69)	How long	about 2 months
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Chas. J. Keasey	
			Address	Lykleville Md.	
Accident or Suicide?					



Name
in
Full

Frank A. Wagner.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>near Winfield</u>		Town	County <u>Carroll</u>	MARYLAND		
Date of death <u>1906</u>	Month <u>9</u>	Day <u>10</u>	Years <u>1</u>	Months <u>-</u>	Days <u>20</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Carroll Co.</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>near Winfield Md.</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Charles Burner</u>	Father's Birthplace <u>Carroll Co., Md.</u>					
Mother's Maiden Name <u>Rdy Viola Wagner</u>	Mother's Birthplace <u>Carroll Co., Md</u>					
Name of person giving information <u>Ray Viola Wagner</u>	How related to deceased <u>Mother.</u>					
CAUSES OF DEATH						
Primary <u>Indigestion</u>	104				How long <u>2 weeks</u>	
Immediate <u>"</u>					How long <u>"</u>	

Are the name, age, sex, color, date and place correctly given above?

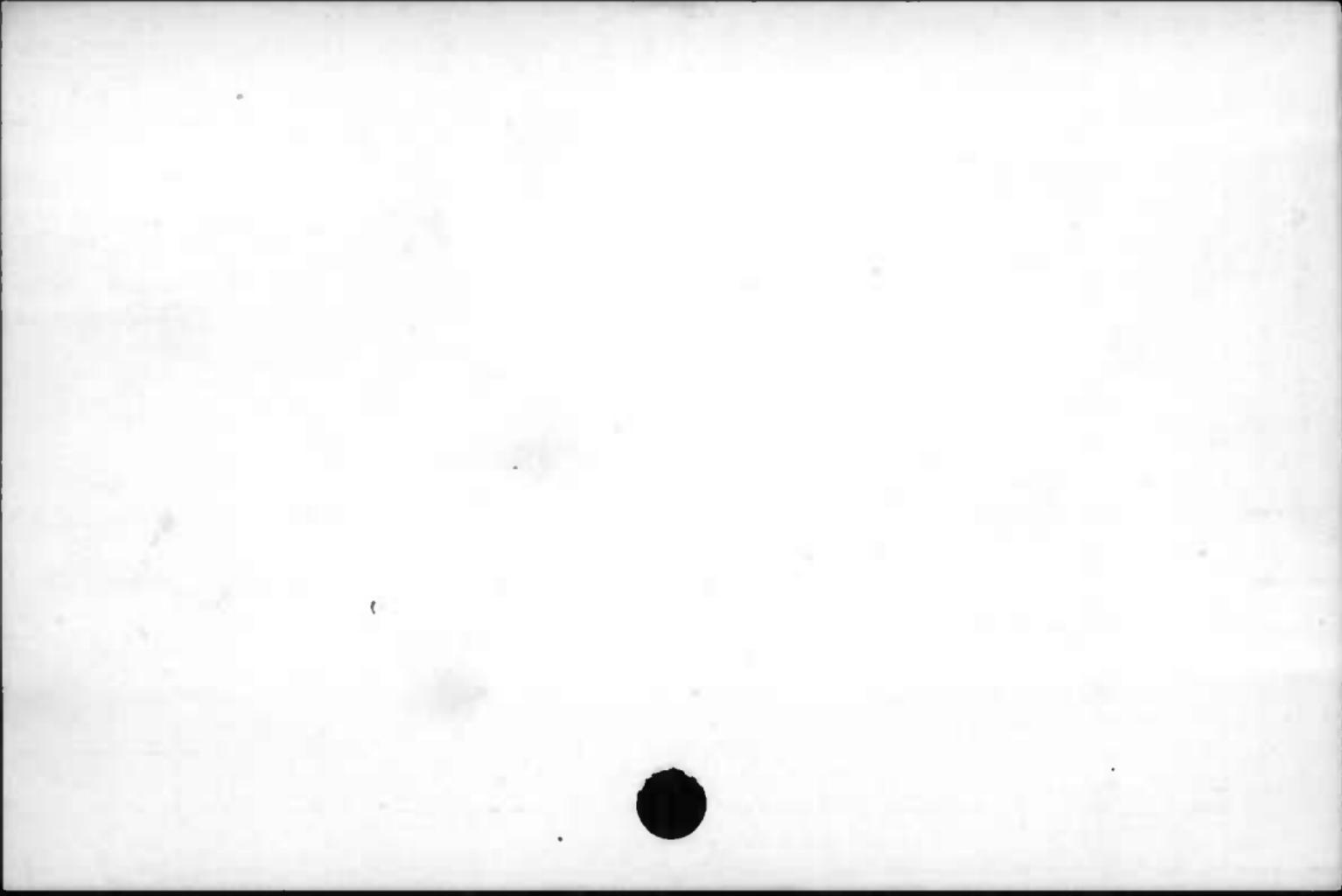
yes

Signature of Physician

Address

E. Clark
Winfield

Accident or Suicide?



Name
in
Full

Frederick Walnæfer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County				
Died at Springfield Hospital	Carroll				
Date of death 1906	Month Sept	Day 18	Years 38	Months	Days
Sex Male	Color or Race White	Birth-place Germany			
Occupation Gardener	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name unknown				Father's Birthplace unknown	
Mother's Maiden Name "				Mother's Birthplace "	
Name of person giving information Hospital records				How related to deceased	

CAUSES OF DEATH

Primary

Zolar - Pneumonia

How long

10 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

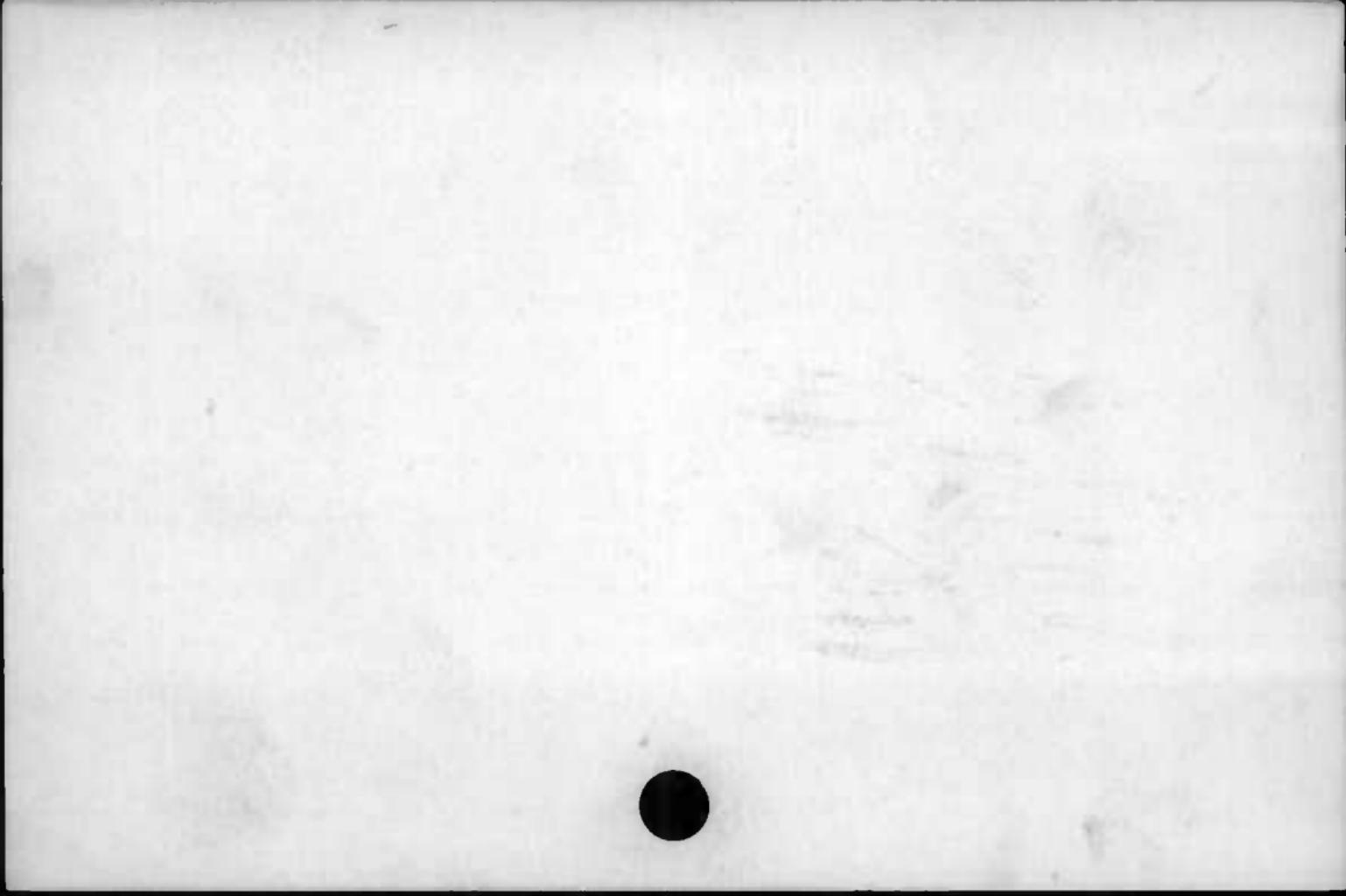
Signature of Physician

Address

J. Clement Clark
Sykesville Md.

Accident or Suicide?

Rev. Dr. C. J. C.



Name
in
Full

Lousia Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			Md.
Mother's Maiden Name	Mother's Birthplace			Md.
Name of person giving Information	How related to deceased			Niece

1906 Sept. 22nd 85

Female White Md.

None

Single

George Waters

?

Emma Vansant

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senile Dementia

How long

over one year

Immediate

Exhaustion

How long

:

Are the name, age, sex, color, date and place correctly given above?

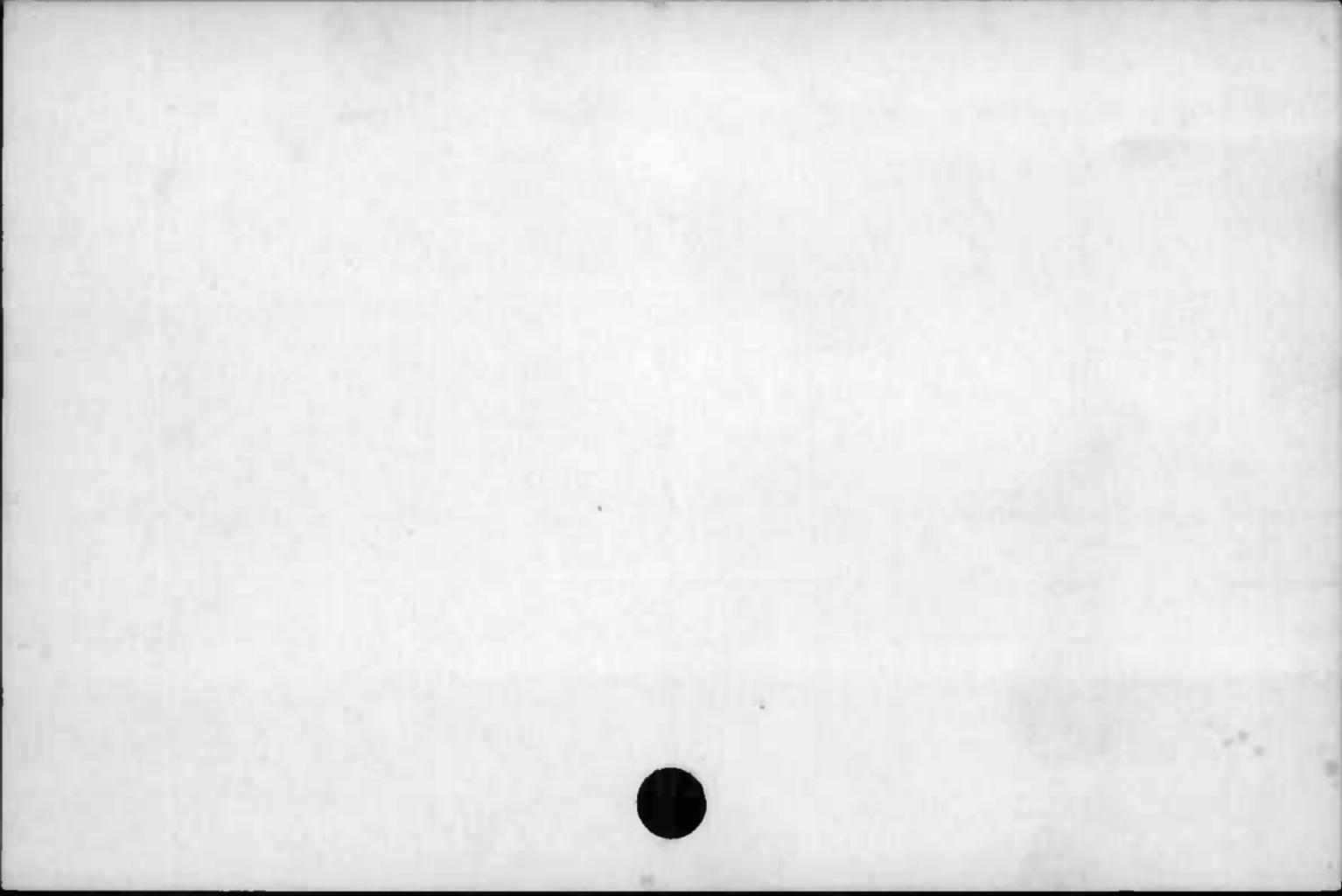
Yes.

Signature of Physician

Address

John Norfolk Morris M.D.
Springfield Hospital
Lykessville, Carroll Co. Md.

Accident or Suicide?



Name
in
Full

Piyo le Wolf

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 190	Month	Age	Days
Sex	Color or Race	Where Residing if not at place of death	Birth- place
Occupation	Sarah Beibel		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
Father's Name	Abraham Wolf	Mother's Birthplace	
Mother's Maiden Name	Eliza Wolf Miller	How related to deceased	Wife
Name of person giving Information	Sarah Wolf		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gastric Catarrh

104

One Year

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Johnson J Stewart
Prayson Mills
Md

Accident or Suicide?

